



P.O. Box 38
106 Victoria Street
Louisville, AL 36048

1-800-697-3226
(1-800-69-PECAN)
fax 334-266-5029
email lpcpecan@ala.net
www.louisvillepecan.com

ORDER FORM

Print all names, street addresses and zip codes. Please print the greeting you would like on each shipment and approximate time you would like each parcel shipped.

Send check or money orders payable to **Louisville Pecan Company**. Please do not send cash.

Minimum 2 lb. order to each address.

All prices on pg.6 to pg.7 include shipping charges for UPS ground. Add shipping for orders of 1 - 14 cases on pg.7. **For orders shipped within state of Alabama, add 4% sales tax.**

Charge your credit card.

Be sure to include your card number, expiration date, verification code, signature, and your daytime phone number with area code. To order by phone call: **1-800-697-3226** or **1-334-266-5388**, fax order to: 1-334-266-5029 or email it to: **lpcpecan@ala.net**.

Prices are subject to change without notice.

New crop pecans are usually available for shipment in early November.

If you have any questions, call:

1-800-697-3226
1-334-266-5388

Method of payment:

- Check/Money Order (Enclosed)
- MasterCard VISA
- American Express Discover

Credit Card Number: _____

Expiration Date: ____/____/____

Verification Code: _____

Cardholder Signature _____

Total of shipments sent to Alabama address: \$ _____

Add 4% sales tax on orders shipped to Alabama address: \$ _____

Total of shipments sent outside Alabama: \$ _____

Add UPS shipping on orders from page 6-7 For 1 - 14 cases \$ _____

GRAND TOTAL: \$ _____

Ordered By _____ Phone(____) _____

Contact Person _____ Phone(____) _____

Address _____

City _____ State _____ Zip _____

Shipping address if different than above _____

City _____ State _____ Zip _____ Phone(____) _____

SEND THE ITEMS LISTED BELOW TO ME AT THE ABOVE ADDRESS

Ship by: ____ / ____ / ____ As Soon As Possible Nov. 1-10 Dec. 1-10
 Thanksgiving Christmas

Item No.	Description	Quantity	Price Each	Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

TOTAL \$ _____

SEND THE ITEMS LISTED BELOW AS GIFTS TO THE ADDRESSES PROVIDED

(Please copy for additional gifts.)

Ship by: ____ / ____ / ____ As Soon As Possible Nov. 1-10 Dec. 1-10
 Thanksgiving Christmas

Name _____ Address _____
City _____ State _____ Zip _____ Phone(____) _____
Greeting to read: _____

Item No.	Description	Quantity	Price Each	Total
			\$	\$
			\$	\$

TOTAL \$ _____

Ship by: ____ / ____ / ____ As Soon As Possible Nov. 1-10 Dec. 1-10
 Thanksgiving Christmas

Name _____ Address _____
City _____ State _____ Zip _____ Phone(____) _____
Greeting to read: _____

Item No.	Description	Quantity	Price Each	Total
			\$	\$
			\$	\$

TOTAL \$ _____

Ship by: ____ / ____ / ____ As Soon As Possible Nov. 1-10 Dec. 1-10
 Thanksgiving Christmas

Name _____ Address _____
City _____ State _____ Zip _____ Phone(____) _____
Greeting to read: _____

Item No.	Description	Quantity	Price Each	Total
			\$	\$
			\$	\$

TOTAL \$ _____