

Taylor Made Accessories Order Form

Please sign and Fax to: 925.521.9105

(925) 521-9100 Corporate Office

(888) 449-5111 Toll Free

CUPS	Includes	QTY
4.5 cone cups (paper/case)	1-5000 ct box	
4.5 cone cups (paper/sleeve)	1-200 ct sleeve	
8.25 oz hot cups (paper/case)	1-2000 ct box	
8.25 oz hot cups (paper/sleeve)	1-100 ct sleeve	
10 oz hot white (paper/case)	1-1000 ct box	
10 oz hot white (paper/sleeve)	1-50 ct sleeve	
10 oz hot/cold (styrofoam/case)	1-1000 ct box	
10 oz hot/cold (styrofoam/sleeve)	1-25 ct sleeve	
10 oz lids (case)	10-100 ct sleeves	
10 oz lids (sleeve)	1-100 ct sleeve	
8.25 oz ids (case)	20-100 ct sleeves	
8.25 oz lids (sleeve)	1-100 ct sleeve	
8 oz cup clutch/sleeve	1-400 ct box	
10+ oz cup clutch/sleeve	1-400 ct box	
SPECIAL ORDER		
3.5 Pleated cold (case)	1-5000 ct box	
7 oz cold cups paper (case)	1-2000 ct box	
12 oz cold plastic (case)	1-1000 ct box	
12 oz hot paper (case)	1-1000 ct box	
16 oz hot paper (case)	1-1000 ct box	
8 oz styrofoam (case)	1-1000 ct box	
6 oz hot/handle (case)	1-1000 ct box	
8 oz hot/handle (case)	1-1000 ct box	
STIR STICKS	Includes	QTY
Plastic (Case)	10-1000 ct boxes	
Plastic	1-1000 ct boxes	
Wooden (Case)	10-1000 ct boxes	
Wooden	1-1000 ct boxes	
Filters		QTY
12 cup Brewer Filters	1-1000 ct box	

CREAMERS	Includes	QTY
Non Dairy Creamer Packets	1-50 ct box	
Non Dairy Creamer Canister	1-12oz canisters	
CM French Vanilla liquid (.38oz) (Case)	4-50 ct boxes	
CM French Vanilla liquid (.38oz)	1-50 ct boxes	
CM Hazelnut liquid (.38oz) (Case)	4-50 ct boxes	
CM Hazelnut liquid (.38oz)	1-50 ct boxes	
CM Irish Crème liquid (.38oz) (Case)	4-50 ct boxes	
CM Irish Crème liquid (.38oz)	1-50 ct boxes	
CM Café Mocha liquid (.38oz) (Case)	4-50 ct boxes	
CM Café Mocha liquid (.38oz)	1-50 ct boxes	
Land O'Lakes Mini Moo's Half&Half	1-180 ct box	
SUGAR SUBSTITUTES	Includes	QTY
Splenda Packets	1-500 ct box	
Equal Packets	1-500 ct box	
Sweet 'n Low Packets	1-400 ct box	
SUGAR	Includes	QTY
Sugar Canister	1-20 oz canisters	
Sugar Packets	1-2000 ct box	
Granulated Sugar	10-2 lb bags	

Mailing Information	
Company Name:	
ATTN:	
Address:	
City, State, Zip:	
Phone #:	
Email:	

Billing Information	
Billing Name:	
Address:	
City, State, Zip:	
Phone #:	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Am Ex
Credit Card #:	Expires:
Signature:	