

# Special Order Form

## Cook County Whole Foods Co-op

Name: \_\_\_\_\_ Owner # \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Supplier:  UNFI     FRONTIER     OTHER \_\_\_\_\_

***You're responsible to pay for what you order. Items not picked up within two weeks will have a 5% surcharge added for every week. Co+op deals and basics products do not qualify for the special order discount.***

Item No. <small>(ex. 076587-5)</small>	Manufacturer <small>(ex. Muir Glen)</small>	Item Description <small>(ex. Diced Tomatoes)</small>	Co+op deal / basic	Qty.	Order Size <small>(ex. 12/16 oz.)</small>	Co-op use only
			Yes / No			
			Yes / No			
			Yes / No			
			Yes / No			
			Yes / No			
			Yes / No			
			Yes / No			
			Yes / No			

**Non-Tax Special Order**

non-taxable subtotal \_\_\_\_\_ - (    )%

co+op deals / basics non-taxable total \_\_\_\_\_

**Taxable Special Order**

taxable subtotal \_\_\_\_\_ - (    )%

co+op deals / basics taxable total \_\_\_\_\_