

*Mercedes Beans*



*Model Teas*

Order Form

Coffee Type

Qty. Lbs.

Date Required

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Type of Roast: Light \_\_\_\_\_ Med. \_\_\_\_\_ Full \_\_\_\_\_ French \_\_\_\_\_ Ital. \_\_\_\_\_

Whole Bean \_\_\_\_\_ Ground \_\_\_\_\_ (Specify type of Coffee Maker) \_\_\_\_\_  
(auto. drip, perc, espresso, French press, other)

Date Ordered: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_ Fx: \_\_\_\_\_  
\_\_\_\_\_

Method of Payment – Phone Orders Only: Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Thank you for your order!

*1625 Omineca Street / PO Box 199 / Hazelton BC / V0J 1V0*

*ph/fx: 250 842 6667 or toll free 1 877 848 6667*