



Mail Order Form

Upon receipt of your order an Anderson's representative will contact you and confirm your order. Payment will be due at this time.

NAME _____ TODAY'S DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ EMAIL _____

METHOD OF PAYMENT CASH CHECK CREDIT CARD ACCOUNT

Card Number _____ Expiration Date _____ CVV no. (back of card) _____

SHIP TO:

NAME _____ SHIPPING DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SHIPPING

2 day Fedex packed in dry ice. Monday – Wednesday

Overnight with Fedex packed in dry ice. Monday – Thursday

Will Quote Shipping Upon Request.

MESSAGE ENCLOSURE

Gift greeting included inside package

Custom flavor options may be available upon request.

To place order:

MAIL to Anderson's Restaurants
6075 Main St., Williamsville, NY 14221

FAX to 716-633-2671

or stop by any Anderson's Restaurant

For assistance call 716-633-2302
1-866-4CUSTARD(1-866-4-287827)