

Corporate Fruit Bowl Sign Up Form



Farm to Table PA ©, a program of American HealthCare Group, will deliver a bowl of fresh fruit to your office on a regularly scheduled date, stipulated in the detailed order form below.

When you receive the delivered basket, please sign off on our delivery sheet so that we know you accepted the quantities ordered. We will bill you for the cost of the fruit basket bi-monthly and you can pay by check or credit card for your order.

Please let us know if you have any questions or changes to your order or billing inquiries by emailing Megan at mkeller@american-healthcare.net or by calling 310-873-7925.

In the event that the delivery day is scheduled on a national holiday, the delivery will be made on the next business day.

Thank you for your business and we look forward to providing you with fresh, healthy fruit.

Company:					Contact Name:			
Billing Address:					City/State/Zip:			
Delivery Address:					City/State/Zip:			
Phone:			Fax:			Email:		
Quantity:	50 \$60	75 \$90	100 \$120	150 \$180	Drop location:			
Frequency:	Weekly		Bi-Monthly		Monthly			
Payment Method:	*Check via Invoice				Credit Card: Automatic			
*Checks payable to: American Health Fairs , 1910 Cochran Road, Manor Oak One, 405, Pittsburgh, PA 15220								
Credit Card Type:	Visa		MasterCard		American Express			
Card Number:								
Exp Date and Security Code								
Name on card:								
Address where the credit card bill is sent:								

Do you have a receptacle? Yes _____ No _____

**If needed, first bowl is included, each additional bowl is \$10.00.

Time building can be accessed: _____

Person receiving fruit: _____