



metropolitanmarket

Scrip Program

(minimum order \$1,000)

Name of Organization: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Ordered by: _____ Phone: _____

Other individuals authorized to order and receive Scrip cards for your organization:

<u>Quantity Ordered</u>	<u>Denomination</u>	<u>Total Cost</u>
_____	\$25	\$ _____
_____	\$50	\$ _____
_____	\$100	\$ _____
_____	\$500	\$ _____
	Total Face Value:	\$ _____
	Less 5% Discount:	\$ _____
	Amount to be Paid:	\$ _____

Please make check(s) payable to **Metropolitan Market** Check#: _____

To be completed by Metropolitan Market Store / Accounting Personnel:

Received by: _____ Date: _____

Serial Numbers:	Beginning #	Ending#
\$25	_____	_____
\$50	_____	_____
\$100	_____	_____
\$500	_____	_____