

Blue Bucket Order Form

Emergency Preparedness Go-Kit



Customer Information

Customer Name: _____

Title: _____

Agency/Organization: _____

Phone Number: _____

Email Address: _____

Billing Address: _____



Bucket Options (Enter desired quantity and total)

**Note: Additional information on each bucket and contents is available on the Blue Bucket Informational Flyer*

Bucket Type	Description	Price Each	Quantity	Total
<input type="checkbox"/> Basic	Essential Supplies	\$100.00	_____	_____
<input type="checkbox"/> Premium	Expanded Essentials	\$150.00	_____	_____
<input type="checkbox"/> Deluxe	Full Preparedness Kit	\$200.00	_____	_____

Total Amount Due: \$ _____



Payment Method

☐ Cash

☐ Check (Make check payable to Paramount Planning)

☐ Invoice (Send invoice to email: _____)



Preferred P/D Method: ☐ Pickup ☐ Delivery Preferred Date: _____



Pickup Location:

214 Chestnut Ave, Carlton, MN 55718



Delivery Location (If applicable):

Building Name: _____

Delivery Address: _____

Delivery Contact Name: _____



Special Request / Customization: _____

Signature: _____

Date: _____

By signing above, you agree to purchase the item(s) listed on this form and understand this order is binding

