



Apple Hill® Cider Press Guide Order Form



Please print and mail this order form with your payment to:

Apple Hill® Growers
P. O. Box 494
Camino, CA 95709

Quantity: _____

Cost: \$2.00 Each

Total Enclosed: \$_____

Check #: _____

OR - Credit Card (VISA/MC – circle one):

Name as it appears on the card: _____

CC #: _____

Expiration Date: ____/____

Name: _____

Address Line #1: _____

Address Line #2: _____

City/Town, State: _____

Zip: _____

Phone: _____

For further information, call (530) 644-7692.