

DATE: _____

DEVANCO FOODS

EQUIPMENT PURCHASE AGREEMENT

PURCHASER

ACCOUNT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: _____

CONTACT PERSON: _____ CELL #: _____

SELLER

BKLG ENTERPRISES, INC.
d/b/a DEVANCO FOODS
440 Mission St.
Carol Stream, IL. 60188

OFFICE #: 847-228-7070
FAX #: 847-228-7615

SALES CONTACT: _____

DISTRIBUTOR: _____

EQUIPMENT

DESCRIPTION: VERTICAL BROILER FOR GYRO CONES

TYPE (*CIRCLE ONE*): LARGE-GAS LARGE-L.P. GAS LARGE-ELECTRIC #240
 LARGE-ELECTRIC #208 JUNIOR-MINI-ELECTRIC ELECTRIC KNIFE

SERIAL NUMBER: _____

PURCHASE AGREEMENT

DOLLAR AMOUNT: NINE HUNDERED AND FIFTY US DOLLARS (\$950.00)
PURCHASE PRICE INCLUDES SHIPPING OR PICKUP

DATE PAID: _____

CHECK # OR CASH: _____

CREDIT CARD #: _____

APPROVED FOR SHIPMENT OR PICKED UP BY: _____

