

8th CONTINENT® SOYMILK

PRODUCT REQUEST FORM

Dear Grocer,
I recently had the opportunity to taste the following 8th Continent products and would love for you to begin carrying them at your store so that I may continue to purchase all my groceries in one place.

8th CONTINENT



8th Continent Original



8th Continent Vanilla

Name: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

8thContinent.com

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