

Order



Date: _____

Delivery Date: _____

Order Taken by: _____

Or Week of _____

ORDER FORM

Bill To: _____

Ship To: _____

Phone: _____

Fax: _____

Phone: _____

E-mail: _____

PO Number	Ship Date	Ship Via	Ship Ref. #	Ship Prepped By

Quantity	Description ***flavors will be Baker's Choice unless specified***	Completed By	Total

Notes: _____

Subtotal

Tax

Shipping

Balance Due

Type of occasion: _____

Ex: meeting, sympathy, new baby, birthday, holiday, etc.

Message: _____

Completed By: _____

Payment Information:

Cash: _____

Check #: _____

CC: Visa MC AMEX Exp: _____

Name on Card: _____

Billing Address: _____
