



Order Form

Company: _____

PLEASE FAX COMPLETED ORDER FORM TO

Order Date: _____

510.272.9722

Contact Name: _____

Phone: _____

Fax: _____

Email: _____

QTY	ITEM NO.	PRODUCT DESCRIPTION	NO. SLICES PER CAKE

Requested Delivery Date: _____ and Delivery Time: _____

Bill to Address:

Ship to Address:

Special Instructions/Comments: _____

Thank you for your order!