CAKE ORDER FORM

ORDER CODE:			
EVENT DATE:			
# OF GUESTS:			
EVENT TYPE:			
START TIME:			
CAKE DELIVERY TIME:			
OR PICKUP TIME:			
CLIENT NAME 1:			
CLIENT NAME 2:			
CLIENT EMAIL:			
CLIENT PHONE #			
CLIENT ADDRESS:			
CLIENT ADDRESS:			
VENUE NAME:			
VENUE ADDRESS:			
VENUE CONTACT:			
CAKE ORDER DETAILS:			
SIZE OF CAKES:			
COLOR PALETTE:			
CAKE INSCRIPTION:			
CAKE FLAVOR/S:			
CARL LEAVOR/ 3.			
A deposit of 50% or more	of the total cost of the order	er confirms and holds a reserv	/ation. The
		he event minus a \$25 transac	
	· · ·	ment is due no later than 14	-
· · ·	-	Late payments may result in	
S		eived on or within 14 days of the subject to additional fees. De	•
_		bakery name here] reserves t	-
	_	uctural, visual, and creative in	_
dessert structure.	3	·	
DESSERT COST:			
DELIVERY COST:			
ADD-ONS:			
TOTAL:			
DEPOSIT:	DUE ON:	PAID (Y/N):	
FINAL PAYMENT:	DUE ON:	PAID (Y/N):	
The undersigned hereby acknowledges all of the above to be true.			
SIGNATURE:		DATE:	
PRINTED NAME:			