PRELIMINARY CAKE QUOTE

DATE OF ISSUE:					
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:					
	·				
VENUE NAME:					
VENUE ADDRESS:					
VENUE CONTACT:					
CAKE ORDER DETAILS:					
SIZE OF CAKES.					
SIZE OF CAKES:					
COLOR PALETTE:					
CAKE INSCRIPTION:					
CAKE FLAVOR/S:					
This is a preliminary cake quote. It remains valid for 30 days from the date of issue. A deposit of					
			required to secur		
30 70 01 1110	, total cost of t	TIC OLGCI 13	required to seeding	c a reservation	
DESSERT COST:					
DELIVERY COST:					
ADD-ONS:					
TOTAL:					
DEPOSIT:		DUE ON:		PAID (Y/N):	
FINAL PAYMENT:		DUE ON:		PAID (Y/N):	