

Fax Form

Name(s):

Company (optional):

Street:

City:

State: _____ ZIP Code: _____

Phone Number (required): (____) ____ - _____

Ship Date: _____ Day: _____

Check or Money Order: \$ _____

Master # _____ - _____ - _____ - _____

Visa # _____ - _____ - _____ - _____

AmExp # _____ - _____ - _____ - _____

Card Expiration Date: Month: __ __ Year: __ __

Send To Information:

Name(s):

Company Name (optional):

Street:

City:

State: _____ ZIP Code: _____

Phone Number (required): (____) ____ - _____

Kind(s) of Dessert(s):

Message to Include with Gift