

Order Form

ORDER #:

ORDER DATE:

CUSTOMER INFORMATION:

Customer Name

Street Address

City, State, Zipcode

Email / Phone Number

ITEM DESCRIPTION	QUANTITY	PRICE	TOTAL

PAYMENT METHOD



CREDIT CARD



OTHER

DELIVERY METHOD



DROP OFF



SHIPPING

SHIPPING DATE _____

SHIPPING TRACKING # _____

SUBTOTAL	
DISCOUNTS	
TAXES	
TOTAL	

Haley's Fabulous Desserts

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