

WHOLESALE ORDER FORM

Company Name: Contact Information Name:			Date:/		
				Phone:	
			Phone:		
	ue:				
Item Code	Description (Scones, Cookies, etc)	Flavor	Qty	Price Each	
				\$	
				\$	
				\$	
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				\$	
		Total Amount	of Order: \$		
The	bakery will send an invoice with the				
If any modificemail to ens	cations need to be made, please contact Boure that modifications are corrected prior to completion of the order and will be sent out on please contact us via	aked Elegance E the order's com once it has been	Bakery immediate	ly via phone or be will be made	
Customer Si	gnature (Verifying the order is placed and is correct Date:	tly filled out to their n	eeds.):		
Bakery Signa	ature (Verifying that the order has been received and	d will be processed o	on time):		