

CAKE

Order form

TRY APPLE N CHEY



CUSTOMER DETAILS

CUSTOMER NAME:

ADDRESS:

PHONE: E-MAIL:





EVENT DETAILS

DATE OF EVENT:

NO. OF GUESTS:

VENUE ADDRESS:

CAKE PROFILE

FLAVOR	FILLING	ICING	SHAPE
			 <input type="checkbox"/>
			 <input type="checkbox"/>
			 <input type="checkbox"/>
			 <input type="checkbox"/>

CAKE SKETCH

ADDITIONAL INFORMATION

PAYMENT

CASH
CARD
CHEQUE
PAYPAL
OTHER

COST

SUBTOTAL _____
DISCOUNT _____
SHIPPING _____
TOTAL _____

DELIVERY

LOCAL DROP-OFF
LOCAL PICK-UP
SHIPPING