

Customer Name: _____ **Customer Phone Number:** _____

Pick up Date: _____ **Pick Up Time:** _____

Delivery Address: _____ **Delivery Time:** _____

Cake Size & Shape: _____

Cake Flavor: _____

Filling: _____

Icing: _____

Colors: _____

Theme/Occasion: _____

Inscription: _____

Items supplied by customer: _____

Design

Description: _____

Price per Serving: _____

Estimated Art Fee: _____

Delivery Fee: _____

Total Price: _____

Deposit Amount: _____

Remaining Balance Due: _____

(By signing you understand that our product contains allergens such as tree nuts, dairy, eggs, and gluten. You agree the information above is correct, and you agree to the price. A deposit of at least half the cost of the cake is required at the time the order is placed.)

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