

# Half Baked Patisserie

13 W. Main Street \* Middletown, DE 19709

CUSTOMER NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

PICK-UP/DELIVERY \_\_\_\_\_ **EVENT DATE:** \_\_\_\_\_ **ORDER TIME:** \_\_\_\_\_

DELIVERY LOCATION: \_\_\_\_\_ EVENT START TIME: \_\_\_\_\_

\_\_\_\_\_

DELIVERY INSTRUCTIONS: \_\_\_\_\_ EVENT TYPE: \_\_\_\_\_

\_\_\_\_\_ THEME: \_\_\_\_\_

SPECIALTY:  GLUTEN FREE  VEGAN (Dairy Free)  SUGAR FREE  DOG CUPCAKE

Quantity	SIZE	ITEM	FROSTING	FILLING	DECORATION	TOTAL

WRITING: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

# of Tiers \_\_\_\_\_ # of layers \_\_\_\_\_

MARBLE / HALF~n~HALF:

FILLING: \_\_\_\_\_

DECOPAC: \_\_\_\_\_

EDIBLE IMAGE: \_\_\_\_\_

**CUSTOMER ACKNOWLEDGEMENT:** \_\_\_\_\_

A CREDIT CARD IS REQUIRED TO SECURE THE ORDER

CC NO. \_\_\_\_\_

EXP DATE: \_\_\_\_\_ CVC #: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

TOTAL ORDER	\$ _____
DISPLAY RENTAL FEE	\$ _____
DELIVERY FEE - Total miles _____	\$ _____
TOTAL BALANCE	\$ _____
DISCOUNT ( _____%)	\$ _____
DEPOSIT PAID (Date: _____)	\$ _____
<b>BALANCE DUE</b>	<b>\$ _____</b>
REFUNDABLE DEP (ck# _____)	\$ _____

Internal Use Only