

REPEAT CUSTOMER: ALLERGIES:

NEED ORDER BY:

CLIENT INFORMATION

EVENT INFORMATION

NAME:	DATE:	TYPE:
PHONE:	TIME:	THEME:
EMAIL:	# OF GUESTS:	COLOR(S):

ORDER INFORMATION

DESSERT NAME	ITEM FAVOR (One Flavor per dozen)	DESIGN DETAILS (Example: Spiral, Swirl, Cake Pops: Lollipop or Candy Apple Style)	QUANTITY (# of Dozen)	UNIT PRICE	TOTAL

COMMENTS SPECIAL INSTRUCTIONS	SUBTOTAL:	
	TAX:	
	DELIVERY:	
	DISCOUNT:	
TOTAL:		

Please email all pictures or ideas to sweetsmackintreats@gmail.com. Be sure to include your name and date in the subject area. Email the form to the above email address.

IMPORTANT INFORMATION:

Upon receipt of your order, an invoice will be sent to you that requires your confirmation. Please make any revisions and corrections at that time. **If there are revisions, a new invoice will be sent to you. Please read it carefully and confirm that everything is listed. Your payment confirms your order and your date, not a conversation or the invoice.**

Because I typically book orders in advance of the deadline, I cannot accept last minute orders. **All orders must be placed and secured with a full payment a minimum of 2 to 3 weeks prior to the event.** Please confirm that your date is available in advance.

Large orders will require a minimum notice of at least 3 weeks or longer.

I have read and understand the above terms. Please sign or type your name and date.

SIGNATURE:	DATE:
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