



Bakery Order Form

Customer Name: _____ Contact No.: _____

Date Ordered: _____ Date Req'd: _____ Collection Time: _____

Desserts and Cakes

(1) Item Required: _____

Details: _____

Portioned? Yes No If yes, how many? _____ Cost: _____

(2) Item Required: _____

Details: _____

Portioned? Yes No If yes, how many? _____ Cost: _____

(3) Item Required: _____

Details: _____

Portioned? Yes No If yes, how many? _____ Cost: _____

(4) Item Required: _____

Details: _____

Portioned? Yes No If yes, how many? _____ Cost: _____

Total Cost: _____ **Deposit £5.00** **Total remaining to pay:** _____
(circle & initial when deposit is paid)

Staff Members Name: _____



Your £5.00 deposit has been paid with the remainder of £ _____ to be paid when your order is collected on: _____

Please call 01467 621402 if you have any queries.

Thank you for your order.