



Essential Chocolate Desserts

Cake Order Form



DUE DATE: _____ Order Date: _____ Join Our Mailing List YES/NO? _____

Customer Name: _____
 Contact Phone: _____
 Email: _____
 Alt Contact & Ph: _____
 Pick Up Yes/No? _____ Delivery Yes/No? _____
 Delivery Address: _____
 3 Hour window: _____ Delivery Fee:

CAKE DESCRIPTION/DESIGN:

Standard Cake Flavor: _____ OR

Custom Order: (Off Menu Combos, Buttercream Flavors, Cake Flavors, etc. may incur addtl costs)

Cake Flavor: _____ Filling: _____
 Surround Flavor: _____
 Extras: (fresh fruit, flowers, etc.) _____
 Writing: _____

Description/Picture: (staple photo to sheet.) _____

Credit Card Info: MC / VISA / DISCOVER (circle one) **PRICE:**
 ACCOUNT #: _____
 Exp Date: _____ Security Code: _____
 Billing Address: _____
 Additional Notes: _____

TOTAL DUE:

DEPOSIT: There is a 50% deposit to be paid for all custom cakes. In the event of cancellation with less than 7 days notice, your deposit is **NON-REFUNDABLE.** **Initial**

Your cake is reserved only when this contract is signed and 50% deposit.

I have read and understand all that has been proposed. We are not responsible for errors that occur based on the information contained in this agreement including but not limited to flavors and spelling. Any changes from both parties will require an amended agreement and will not be done without a signed amendment. I have received a copy of this contract for my records.

Signature _____ Date _____