

Please Print this order form

Complete all the details and Fax the order to the number below

Qty Item Code Serving Size Cake Description Price

QTY	ITEM CODE	SERVING SIZE	DESCRIPTION	PRICE
CAKE FLAVOUR				
MESSAGE				
PICK UP OR DELIVERY DATE (PLEASE CIRCLE)				
NO TIME DELIVERIES - DELIVERY WILL BE BEFORE 5-6PM ON THE DATE SPECIFIED				
DELIVERY FEE (IF APPLICABLE)				\$
TOTAL PRICE				\$

CUSTOMER INFORMATION

* First Name: _____
* Last Name: _____
* Address: _____
* City: _____
* State: _____
* Post Code: _____
* Phone: _____
* Mobile: _____
* Country: _____
* Company: _____
* Email address: _____

DELIVERY INFORMATION

Deliver to Name: _____
Company: _____
Address: _____
City: _____
State: _____
Post Code: _____
Country: _____
Where did you hear about us? _____

* all details must be completed to process your order

DIRECT FAX: (03) 9840 7686

*Card Type: [] Visa - [] Mastercard *Bank Transfer []

*Card Number: _____
*Name on Card: _____
*Expiry Date: mm/yy ____/_____
*Signature: _____
*Card id number: _____ (last three digits on signature panel on back of card)
*Amount to charge today: \$_____

Bank Details - (please include your surname as a reference for the deposit)

Account Name - Fantasy Cakes

BSB - 063 111

Account Number - 1020 9356

Fantasy Cakes

74 Renshaw St, East Doncaster PHONE: (03) 9855 8224

sales@fantasycakes.com.au www.fantasycakes.com.au

Mel Ref 47H3