



# Candy Cake & Gift Basket ORDER FORM

**Twinkles of Bay Harbor**  
 1075 Kane Concourse, Bay Harbor Islands, FL 33154  
**www.twinklesofbayharbor.com**  
 phone 305.864.1558  
 fax 305.864.1559

### Shipping Address

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Contact Information if different from credit card holder

Name \_\_\_\_\_ Company \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell or Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

### Method of Payment

Orders without payment will be delayed

Visa  MasterCard  American Express  Check/Money Order

*Payable to: Twinkles of Bay Harbor*

Expiration Date  
 \_\_\_\_\_  
 Month Year

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

### Gift Message

Write your message here:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you like to provide us with your own card or company material to be included? yes no  
 If yes, please describe in detail

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Gift #1 Recipient Address Below

Ship to Credit Card Holder (use address on left)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SHIP TO ARRIVE

ASAP \_\_\_\_\_ The Week Of \_\_\_\_\_ By This Date or Holiday \_\_\_\_\_

Item #	Name of Item	Qty	Price

Special Requests or Notes \_\_\_\_\_  
**SHIPPING** \_\_\_\_\_  
**GIFT TOTAL** \_\_\_\_\_

Use gift message or provided materials (see lower left of page)  
 No message necessary

### Gift #2 Recipient Address Below

Ship to Credit Card Holder (use address on left)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SHIP TO ARRIVE

ASAP \_\_\_\_\_ The Week Of \_\_\_\_\_ By This Date or Holiday \_\_\_\_\_

Item #	Name of Item	Qty	Price

Special Requests or Notes \_\_\_\_\_  
**SHIPPING** \_\_\_\_\_  
**GIFT TOTAL** \_\_\_\_\_

Use gift message or provided materials (see lower left of page)  
 No message necessary

### Gift #3 Recipient Address Below

Ship to Credit Card Holder (use address on left)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SHIP TO ARRIVE

ASAP \_\_\_\_\_ The Week Of \_\_\_\_\_ By This Date or Holiday \_\_\_\_\_

Item #	Name of Item	Qty	Price

Special Requests or Notes \_\_\_\_\_  
**SHIPPING** \_\_\_\_\_  
**GIFT TOTAL** \_\_\_\_\_

Use gift message or provided materials (see lower left of page)  
 No message necessary

FOR OFFICE USE ONLY	Name	Date
Order Taken By		
Order Filled By		
Pending		
Under Construction		
Shipped		

ORDER TOTAL	
MERCHANDISE TOTAL	
SALES TAX	
STANDARD SHIPPING TOTAL	
EXPEDITED SHIPPING	
ORDER TOTAL	