

# Christmas Gift Giving Service Order Form

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Cell Phone# : \_\_\_\_\_

Word Phone# : \_\_\_\_\_

Relationship to Receiver : \_\_\_\_\_

Who The Gift Is For : \_\_\_\_\_

Address for Delivery : \_\_\_\_\_

Special Delivery Instructions : \_\_\_\_\_

Date and Time of Delivery : \_\_\_\_\_

Item Description - Gift Baskets, 12 Day Tower/ Basket, Gift Box, Other

\_\_\_\_\_

\_\_\_\_\_

Special Instructions - specific items in gift

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Order Total: \_\_\_\_\_

Tax (On Retail Total): \_\_\_\_\_

Total with Tax: \_\_\_\_\_

Payment Total: \_\_\_\_\_

Type of Payment: \_\_\_\_\_

Deposit Total: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Paid in Full: \_\_\_\_\_

Paid in Full Date: \_\_\_\_\_