The Chocolate Spoon

Order Form

Customer Name _____ Date _____

Phone _____

Billing Address _____

City _____ State_____ ZIP _____

Ship to Address _____

City _____ State_____ ZIP _____

Credit Card Information: _____MasterCard _____ Visa

Name on Card _____

Card Number _____Exp Date _____

Item Number	Description	Quantity	Unit Price	Extended Price

Gross Total _____

Tax _____

Freight _____

Labor _____

Total Due _____

Customer Signature (Authorization to Process Credit Card)_____