Infusions Bakery Order Form

Date and Day of Pick-up: _____ / _____

Time to be ready by: _____ (pick-up by 2:00)

Customer's Name: _____

Customer's Phone Number(S): _____ / _____

Item: _____ Price:_____

Size: _____ _____

Icing: _____ _____

Decoration: _____ _____

Inscription: _____ _____ Total:_____

Quantity: _____

Other:

_____

_____

_____

_____

_____

_____

Order taken by: _____ Date Taken: _____

Chef's Initials _____ Chef will call if there are any concerns with the order.