



Custom Order Form

Customer Name: _____

Phone Number: _____ Email: _____

Staff Taking Initial Information: _____ Date: _____

Staff Taking Order: _____ Order Date: _____

Staff Creating the Order: _____

Pick Up Date: _____ Pick Up Time: _____ Deposit Paid Date: _____

Donut Type	Quantity	Customization	Price

Total: _____

Deposit 50% minimum: _____
(due at least two weeks prior to order pick up)
Total due at order pick up: _____
(remainder balance of order is due at pick up or delivery)

Comments (additional services, rentals, including cost and deposit for such): _____



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