

CUSTOMER INFORMATION

Jule's Baskets Order Form

ORDER INFORMATION

					Oi	rder Date		
Contact Name					Bas	sket Type		
Cell Number					Pi	rice Point		
Email Address					Dietary Re	estrictions		
Billing Address					Special Re	eauests &		
					Additional Inf			
	RECIPIE	NT & DELIV	ERY INFORMAT	ION			PAYME	NT INFORMATION
Recipient Name						СС Туре		
Cell Number					Nam	ne on CC		
Email Address						Number		
Desired Delivery Date								
						Exp Date		
Delivery Address					CVC	Number		
elivery Instructions					S	Signature		
					EMT Confir	mation #		
					c	heque #		
Please provide info	ormation on y	your recip	ient - circle al	I that apply				
Gender	Male	Female						
Approx Age		Parent .	Grandparent	Executive	Active Lifestyle	Teen	Child	
Likes?	Sweets	Salty	Chocolate					
Dislikes?					-			
Drinks?	Coffee	Tea	Wine					
Healthy?	Yes	No	Sort of	Wants to be				
Special Diet	Gluten Free	Vegan	Dairy Free	Nut Allergy	Vegetarian			
High Stress	Yes	No	Sort of					
Additional Info								_
	GREETING CA		of our frashly de	orianod arootir	ng cards for an add	litional \$2 Eo	aturina blank	
					ed on a folded 3" x			
GREETING CARD TYPE		CARD ME		CARD MESSA	GE			_
Congrats		I Love You						
Congratulations		XO						
New Baby Boy		Thinking Of You						
New Baby Girl		Thank You						
Miss You		Thank You (2)						
I'm Sorry		Happy Hanukka		Please circle or highlight a greeting card type				
With Sympathy		Merry Christmas						
Get W	Get Well Soon		y Holidays					

General Contact InfoBus. Tel: 1.877.470.5710
service@julesbaskets.com

www.JulesBaskets.com