

CUSTOMER INFORMATION:
Must Match Credit Card Billing Address!

Company Name: _____
 First Name: _____ (If Applicable) M.I.: _____
 Last Name: _____
 Street Address: _____
 Apt./Suite #: _____ Phone: _____
 C/S/ZIP: _____

OFFICE USE ONLY

Ship: _____
 Single Multiple
 REC'D: _____ INIT: _____
 SHP'D: _____ INIT: _____

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ORDER 1 - SHIP TO:

ITEM Description: _____ ITEM #: _____ Price: _____
 Company Name: _____ Check Residence: _____ Business: _____
 First Name: _____ (If Applicable) M.I.: _____ Last: _____
 Street Address: _____ Apt./Suite #: _____
 C/S/ZIP: _____ Phone: _____
 Enclose A Gift Card?: Yes No If Yes, Gift Card Message (Limit 15 Words or Less): _____
 Arrival Date Requested: _____ (Please allow 5 to 10 business days)

ORDER 2 - SHIP TO:

ITEM Description: _____ ITEM #: _____ Price: _____
 Company Name: _____ Check Residence: _____ Business: _____
 First Name: _____ (If Applicable) M.I.: _____ Last: _____
 Street Address: _____ Apt./Suite #: _____
 C/S/ZIP: _____ Phone: _____
 Enclose A Gift Card?: Yes No If Yes, Gift Card Message (Limit 15 Words or Less): _____
 Arrival Date Requested: _____ (Please allow 5 to 10 business days)

ORDER 3 - SHIP TO:

ITEM Description: _____ ITEM #: _____ Price: _____
 Company Name: _____ Check Residence: _____ Business: _____
 First Name: _____ (If Applicable) M.I.: _____ Last: _____
 Street Address: _____ Apt./Suite #: _____
 C/S/ZIP: _____ Phone: _____
 Enclose A Gift Card?: Yes No If Yes, Gift Card Message (Limit 15 Words or Less): _____
 Arrival Date Requested: _____ (Please allow 5 to 10 business days)

Subtotal _____

PAYMENT METHOD: (circle one)
Cash / Check / Money Order / Credit Card

DO NOT MAIL CASH! Please include your Drivers License or Social Security #, Daytime Phone #, & Date of Birth on check.

Credit Card Payment Only: (circle one)
MC / VISA / Discover / AMEX / Diners Club

Missouri Destinations Add 5.391 % Sales Tax _____

Priority Shipping - CALL FOR AMOUNT _____

Military Addresses - APO & FPO - Add \$9.00 _____

TOTAL _____

Account #: _____ Exp. Date: _____ CCV #: _____

Signature: _____ (As It Appears On Card)
 CCV# - Visa, MC, Discover - last 3 numbers in the signature box.
 CCV# - AMEX - 4 numbers on front right.

Is the **Billing Address** for this credit card account the same as the **Ordered By** address above? **YES NO** If not, please provide it on the margin of this form (below) or on another page. (This information is used only for security / credit card verification).