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# ORDER FORM

CHECK IF SAME AS BILL TO:

**BILL TO:** NAME: \_\_\_\_\_ **SHIP TO:** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

P.O. NUMBER	ORDERED BY	FAX NO	EMAIL	TERMS

ITEM NO	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

CARD HOLDER; \_\_\_\_\_

CC# \_\_\_\_\_

EXP DATE \_\_\_\_ / \_\_\_\_ V CODE \_\_\_\_\_ ZIP \_\_\_\_\_

SUBTOTAL	_____
SALES TAX	_____
SHIPPING & HANDLING	_____
TOTAL	_____

AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_