



# Cookie Order Form

Customer name: \_\_\_\_\_

Billing address: \_\_\_\_\_  
 \_\_\_\_\_ Phone number : \_\_\_\_\_

Shipping address : \_\_\_\_\_  
 \_\_\_\_\_ Phone number: \_\_\_\_\_

Shipping date : \_\_\_\_\_

**Size Selected:**

2 Lb Assortment	3 Lb Assortment	4 Lb Assortment

Sub-Total: \_\_\_\_\_

Tax: \_\_\_\_\_

Shipping and handling: \_\_\_\_\_

Total: \_\_\_\_\_

*Please fax it either to: Port Jefferson (631) 473-7709 or East Norwich (516) 624-8702  
 If you have any question feel free to contact us at Port Jefferson (631) 473-7900 or East Norwich (516) 624-8900  
 Thank you for your business!*

To be used only by Dortoni staff:

Method of Payment	Cash	<input type="text"/>	Check	<input type="text"/>	<input type="text"/>
	Type of C.C.	Visa ___	MC ___	Amex ___	
	Number				

**Special Instructions:**

Name on the card: \_\_\_\_\_

Occasion: \_\_\_\_\_

Age: \_\_\_\_\_

Toys: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_