

Martine's Cakes

ORDER FORM

Your details

Date: _____
Customer Name: _____
Address: _____
Telephone: _____
Pick up/Delivery date & time: _____
Venue: _____
Event: _____
Date of Event: _____

Cake information

Cake shape: _____
No. of tiers: _____
No. of servings: _____

Flavours

- | | | |
|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Fruit cake | <input type="checkbox"/> White mud | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Dark mud | <input type="checkbox"/> Vanilla | <input type="checkbox"/> Chocolate |
| <input type="checkbox"/> Caramel mud | <input type="checkbox"/> Lemon | <input type="checkbox"/> Sponge |

Covering

- | | | |
|---------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Smooth icing | <input type="checkbox"/> Cream | <input type="checkbox"/> Chocolate ganache |
|---------------------------------------|--------------------------------|--|

Decorations details

Ribbon style

Cup cakes

Other details

