SUNSHINE HOLLOW BAKERY ORDER FORM

SUNSHINE HOLLOW 198 COUNTY ROAD 52 ATHENS, TN 37303 Toll free: 1-800-669-2005

Web site: www.sunshinehollow.com
Email: sales@sunshinehollow.com

BILLING INFORMATION

Print Your Name:			Credit Card Information						
Address Line 1:			_						
Address Line 2:				Number:					
City: State: Zip:	·		Expirat	tion Date:/20					
Address Line 2: State: Zip: Phone: ()	_	_	Author	ized Signature:					
			Bank o	of Issue:					
If paying by check or money order, check here							_		
If paying by credit card, fill out the information	at right	<u>. </u>							
			Item			Price			
SHIP THESE TO MY ADDRESS	Qt	y	No.	Description		Each	Total		
Name:									
Address 1:									
Address 2:									
City:									
State:									
Zip:									
Phone: ()									
SHIP TO ARRIVE B	γ.		1	SHID	MENT	TOTAL:			
	1.	Λ.	44 ¢ 0 0E						
LIST GIFT ORDERS		А		Shipping if Total Les					
ON SECOND PAGE			Aaa 9.0	% Tax for Shipments	to ren	nessee:			
<u> </u>					My O	rder:			
ORDER INFORMATION: We do ship personal orders and gift us in mind for anniversaries, birthdays, Valentine's Day, and E					Gift C				
				owever, chocolate items	Gift T				
can only be shipped during October thru April due	e to the h	ne heat. Gift Three							
TO OPDED BY MAIL: Fill out the order blank and	BY MAIL: Fill out the order blank and enclose a check or money order payable to								
Sunshine Hollow or fill in your credit card informa									
cash. Remember to add sales tax to all shipment					Grand Total:				
address, add \$8.95 shipping charge if items total				ompinionto to odon					
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TO ORDER BY PHONE: For faster service, use the credit cards shown on the order form and call us toll free at 1-800-669-2005 or locally at 423-745-4289. Our phones are open five days a									
week Monday-Friday 9:00AM to 5:00PM (EST) from October 1st through Christmas. At other times, leave a message and we will call you back. Please have all information ready for your									
order.									
TO ODDED BY EAV: Fill out this order blank with									
TO ORDER BY FAX: Fill out this order blank with 1-423-745-2936.									
1 720-170-2000.									
SHIPPING INFORMATION: When an order is red									
However, shipping time may vary according to the									
requested. Orders are shipped either by UPS gro									
Day, Second Day Air, or 3-day select are available	e at addi	itior	nal cost. O	rders to P.O. Box					
numbers, APO or FPO numbers will be shipped by									
for. Please include the telephone number of your	gift recip	oien	t as this ca	an assist in delivery of					
the package.									
DDODLEMS OD OHESTIONS? Empilius of color	- Acusch	ino	hollow oor	n or call us at 1 000 sec					
PROBLEMS OR QUESTIONS? Email us at sales 2005. Please leave a message if we are out and									
2005. Ficase icave a message if we are out and	vve will go	GL D	ack to you	. as soult as possible.	1				

GIFT SHIPMENT PAGE—SUNSHINE HOLLOW

		Item		Price		
SHIP TO GIFT RECIPIENT ONE	Qty	No.	Description	Each	Total	
Name:						
Address 1:						
Address 2:						
City: State:						
Zip:						
Phone: ()			0.11150.450.15			
SHIP TO ARRIVE BY:	<u> </u>					
Gift Card Message:	Add \$8.95 Shipping if Total Less Than \$49.95:					
	Add 9.0% Tax for Shipments to Tennessee:					
	Total Gift One:					
		Item		Price		
SHIP TO GIFT RECIPIENT TWO	Qty	No.	Description	Each	Total	
Name:						
Address 1:						
Address 2:						
City: State:						
Zip:						
Phone: ()						
SHIP TO ARRIVE BY:	SHIPMENT TOTAL:					
Gift Card Message:	Α		Shipping if Total Less Thar			
		Add 9.0	0% Tax for Shipments to Te			
	Total Gift Two:					
	'					
OLUB TO OLET BEOLDIENT TUBEE		Item		Price		
SHIP TO GIFT RECIPIENT THREE	Qty	No.	Description	Each	Total	
Name:						
Address 1:						
Address 2:						
City: State:						
Zip:						
Phone: ()			OLUDA ENT	TOTAL		
SHIP TO ARRIVE BY:	SHIPMENT TOTAL:					
Gift Card Message:	Add \$8.95 Shipping if Total Less Than \$49.95:					
	Add 9.0% Tax for Shipments to Tennessee:					
			l otal G	ift Three:		
		1	T			
CLUD TO CIET DECIDIENT FOUR	~ .	Item		Price		
SHIP TO GIFT RECIPIENT FOUR	Qty	No.	Description	Each	Total	
Name:						
Address 1:						
Address 2:						
1 0:4				Ī		
City: State:						
Zip:						
Zip: Phone: ()			OLUDNICHT	TOTAL		
Zip: Phone: () SHIP TO ARRIVE BY:			SHIPMENT			
Zip: Phone: ()	A		Shipping if Total Less Thar	n \$49.95:		
Zip: Phone: () SHIP TO ARRIVE BY:	A		Shipping if Total Less Than Mark Tax for Shipments to Te	n \$49.95:		