

# Paradise Pastries llc

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## Order Form

808-949-3931

Appointment Date: \_\_\_\_\_

3 week review: \_\_\_\_\_

Revised: \_\_\_\_\_

### Contact Info

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

### Event Details

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Delivery Time: \_\_\_\_\_ Event Time: \_\_\_\_\_

Coordinator: \_\_\_\_\_

### Product Description

Event: \_\_\_\_\_

Sizes: \_\_\_\_\_

Shape: \_\_\_\_\_

Flavors: \_\_\_\_\_

Fillings: \_\_\_\_\_

Icing: \_\_\_\_\_

Icing Color: \_\_\_\_\_

### Product Illustration

### Decoration Description

Colors/Themes: \_\_\_\_\_

Design Description: \_\_\_\_\_

Decor: Fresh Flowers Gumpaste Other

### Receipt

Product Base: \_\_\_\_\_

Extras: \_\_\_\_\_ Details: \_\_\_\_\_

Extras: \_\_\_\_\_ Details: \_\_\_\_\_

Delivery & Setup: \_\_\_\_\_

Subtotal: \_\_\_\_\_

Tax (4.712 %): \_\_\_\_\_

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

Deposit: \_\_\_\_\_

Balance: \_\_\_\_\_

Cash / Check# \_\_\_\_\_ Date: \_\_\_\_\_

Cash / Check# \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Paradise Pastries Signature: \_\_\_\_\_

A \$100 deposit is required to hold the date.  
Balance is due 3 weeks prior to event.  
Refund up to 3 weeks prior.  
No changes to order within 3 weeks of date.