



beyond ordinary... extraordinary gift baskets

### ORDER FORM

Print & complete this form to place an order by fax using your credit card. Fax completed form to 702.565.5078 -OR- Complete & send this form as an email attachment to customerservice@noveldesignsllc.com

Date of Order: \_\_\_\_\_ Invoice # (For Office Use Only): \_\_\_\_\_

**BILLING INFORMATION** (Must match billing address associated with credit card)

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

Company Name (If applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (If applicable): \_\_\_\_\_

Email: \_\_\_\_\_

**METHOD OF PAYMENT**

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**RECIPIENT INFORMATION**

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

Company Name (If applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Recipient Phone: \_\_\_\_\_

**ORDER DETAILS**

Gift Basket Title: \_\_\_\_\_ Gift Basket Price: \_\_\_\_\_

Requested Delivery Date: \_\_\_\_\_ Alternative Delivery Date: \_\_\_\_\_

Greeting Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nevada state sales tax (7.75%), local residential & business delivery (\$13), hotel delivery (\$15) and/or shipping extra. An order confirmation will be emailed to the address provided in the billing information portion of this order form upon receipt. Fulfillment hours: Mon-Fri 8am-5pm, Sat & Sunday delivery service available w/advance notice. All sales are final. No refunds returns or exchanges.