

ORDER FORM

Print & complete this form to place an order. Fax completed form to 702.565.5078

-OR- 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): \_\_\_\_\_

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

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

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

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

ORDER DETAILS (To order additional gift baskets, see page 2)

Gift Basket Name: \_\_\_\_\_ Unit Price: \_\_\_\_\_ Quantity: \_\_\_\_\_

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

Deliver to Recipient (Select one):  Residence  Business  Hotel/Casino  Other

Name of Business, Hotel, Casino, Other: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Requested Delivery Date: \_\_\_\_\_

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

SPECIAL INSTRUCTIONS (Include multiple recipients, custom requests and/or any other special instructions)

PAYMENT

Enter Promo or Coupon Code: \_\_\_\_\_

VISA  MASTERCARD  DISCOVER  AMEX

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

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Nevada sales tax (8.1%), local delivery (\$15) and/or shipping/handling fees additional. 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 9am-5pm, Saturday & Sunday delivery service available with 48 hour (2 business day) advance notice.*

*All sales final. No refunds, returns or exchanges. Updated 08.10*

ORDER FORM CONTINUED

ORDER DETAILS

Gift Basket Name: \_\_\_\_\_ Unit Price: \_\_\_\_\_ Quantity: \_\_\_\_\_

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

Deliver to Recipient (Select one):  Residence  Business  Hotel/Casino  Other

Name of Business, Hotel, Casino, Other: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Requested Delivery Date: \_\_\_\_\_

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

\_\_\_\_\_

SPECIAL INSTRUCTIONS (Include multiple recipients, custom requests and/or any other special instructions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORDER DETAILS

Gift Basket Name: \_\_\_\_\_ Unit Price: \_\_\_\_\_ Quantity: \_\_\_\_\_

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

Deliver to Recipient (Select one):  Residence  Business  Hotel/Casino  Other

Name of Business, Hotel, Casino, Other: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Requested Delivery Date: \_\_\_\_\_

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

\_\_\_\_\_

SPECIAL INSTRUCTIONS (Include multiple recipients, custom requests and/or any other special instructions)

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\_\_\_\_\_  
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