

GIFT BASKET ORDER FORM

QTY	THEME	CONTENTS		SIZE				SUBTOTAL
		TASTE OF YORK	CUSTOM	\$25	\$35	\$50	CUSTOM (\$amount)	
	Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Get Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Sunshine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Sympathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Thank You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	All Occasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Wedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Holiday / Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Other (Call Shadowfax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**CUSTOM BASKET INSTRUCTIONS:
CALL SHADOWFAX**

SHIPPING / HANDLING
\$5.00 Plus Postage

LOCAL DELIVERIES up to 10 miles.
Price to be determined.

METHOD OF PAYMENT:

Cash Check Credit Card Other _____

Credit Card

Visa MC

Card Number _____ Exp. Date _____

Name On Card _____

Subtotal _____

PA Sales Tax 6% _____

Total Due _____

ORDER INFO:

SOLD TO:

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

SHIP TO / DELIVER TO:

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

GREETING CARD: YES NO

To Read _____

Due Date: _____

Customer Pick Up UPS Local Delivery

Two days' advance notice requested.
Rush orders are available.

Where substitutions necessary, comparable or greater value and quality always a priority.

Thanks from your friends at Shadowfax.
We appreciate your business.

The Shadowfax Corporation
386 Pattison St.
York, PA 17403
717.854.7742
Fax 717.843.8198
www.shadowfax.org

FOR INTERNAL USE ONLY:

Date Order Taken with Signature _____

Order # _____

Customer # _____

Received By _____