CAKES @ SUNAGO Request form

| * Order Number: | Order Date: | |
|--|--|--------------|
| | PICK UP DATE: | |
| Name: | | |
| Email: | | |
| Phone: | | |
| DESCRIPTION | QTY | COST |
| | | |
| | | |
| | | |
| | | |
| NOTES: | | |
| | | Total \$ |
| PLEASE READ & SIGN All orders must be at least 2 weeks in advance (of pick-up date). ANY ALLERGIES MUST be put in the notes upon request, please und dairy, eggs & wheat. Gluten free can be available on a limited range putting in a request form including allergies). This is a "Request to Order" and will be finalised once you receive of All * will be filled in by us once order has been confirmed. A \$50 deposit is required upon confirmation, balance owing on pick. Notice of 48 hours must be given prior to pick up if you cancel for your date. | ge. (Please contact the reconfirmation via email or cup. | phone. |
| Signed: | Admin Da | te Confirmed |
| | | * Deposit:\$ |

*** In the rare occurrence certain ingredients are not available, alternatives may need to be considered – if this happens, we will contact you before the cake is prepared***