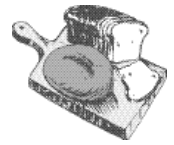




Grant's Bakery, Inc.



525 Sabattus St.
Lewiston, ME 04240

Toll free Voice 1-800-397-5093
Toll Free Fax 1-888-887-7241
www.GrantsBakery.com

Tel. (207) 783-2226
Fax (207) 783-2227

Munchie Box Order Form

To order: Simply fill in the quantities desired, carry out the prices and add up the total column.
Be sure to add the delivery charge (includes delivery and gift card).

Product:	Total Qty	Price Each	Total Cost
Cookies: ___ Chocolate Chip ** ___ M&M ** ___ Ginger ** ___ Lemon ___ Oatmeal/Raisin ** ___ Peanut Butter ** ___ Molasses		\$.65	
Brownies: ___ With Nuts ** ___ Fudge Frosted		\$1.32	
Fruit Turnover: ___ Apple** ___ Raspberry** ___ Blueberry** ___ Strawberry		\$1.11	
Fruit Squares: ___ Apple** ___ Date** ___ Raspberry** ___ Lemon		\$1.16	
Puff Pastry: ___ Creme Roll ** ___ Raspberry Puff** ___ Strawberry Puff		\$2.32	
Whoopie Pies: ___ Chocolate		\$1.58	
___ Specialty Flavors (ask us what other flavors we're carrying)		\$2.11	
Small Party Pastry Tray: 24 pcs of 5 varieties of bar pastries on a cater tray		\$15.39	
Large Party Pastry Tray: 48 pcs of 6 varieties of bar pastries on a cater tray		\$29.43	
Freshly Roasted Nuts: 8 oz. package of Cashews		\$11.00	
Freshly Roasted Nuts: 8 oz. package of Red Skin Peanuts		\$4.10	
Drinks: (20oz. bottle) ___ Pepsi ** ___ Diet Pepsi ** ___ Caffeine Free Diet Pepsi ___ Mountain Dew ** ___ Ginger Ale ** ___ Aquafina Purified Water		\$1.74	
Balloon Bouquet: 1 mylar & 5 latex		\$15.30	
Single Balloon: 18" Mylar		\$5.28	
Cupcakes: ___ White ** ___ Chocolate	doz	\$10.00	

Writing on the gift card: _____

Credit Card Number: _____

Expiration Date: _____

Card Id# (extra 3 digits from back of card) _____

Signature: _____



Sub Total _____

Delivery **\$12.66**

Total _____

We **CANNOT** deliver without your student's dorm name and room number; if they are not provided your student's package will be delivered to the Bates package center. We normally deliver between 1 - 6 PM Monday thru Friday and between 10 - 2 on Saturdays. Unfortunately, we cannot guarantee a specific delivery time. Prices subject to change without notice.

Purchaser Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Sold By: _____

Student Name: _____

Dorm Name (required): _____

Room Number (required): _____

Cell Phone Number: _____

Class: Freshman Sophomore Junior Senior

Delivery Date: _____

_____ / _____ / _____

day of week month day year