Today's Date: _____ / _____ / _____

Invoice #: _____

LoungIn' Cake LLC
Commission Form

Name: _____

Phone Number: _____

Email Address: _____

Event Type: Wedding / Birthday / Photoshoot / Other _____

Event Date: _____ Rush Order: Y / N _____

Event Location: _____

_____

Event Time: _____ Dessert Time: _____

Pick-Up / Delivery : _____ a.m. / p.m.

   Contact Name: _____

   Contact Number: _____

Required Servings: _____   Keep Top Tier: Y / N   Inc. Dummy Cake: Y / N

Allergies: _____

_____

Services (Items/Flavors):

_____

_____

_____

_____

_____

_____

_____

_____

Event Theme: _____

Colors: _____

Absolutes:

- YES: _____

- NO: _____

Additional Notes:

_____

_____

_____

_____

_____

_____

Updates / Modifications (Date: ____ / ____ / _____)

_____

_____

_____

Updates / Modifications (Date: ____ / ____ / _____)

_____

_____

_____