

CHOCOLICIOUS

Chocolatier

Corporate Account

Fax to 516-671-6909

Company Name _____

Your Name _____

Name as it appears on the card _____

Exper
MO / YR

amex mastercard visa discover

Signature _____

Date _____

Pick-up Date _____ Deliver Date _____ Amount Of Gift _____

SPECIFY GIFT _____

Company Name _____

Name _____ Address _____

City _____ State _____ Zip _____

Occasion _____ Delivery Notes _____

Card _____

Pick-up Date _____ Deliver Date _____ Amount Of Gift _____

SPECIFY GIFT _____

Company Name _____

Name _____ Address _____

City _____ State _____ Zip _____

Occasion _____ Delivery Notes _____

Card _____