Custom Order Form - Chocolate Moulds

866-254-7453 / 877-522-4507 fax
200 East Hersheypark Drive
Hershey, PA 17033

Date: _____

Tax Id #

Bill To:	
Phone:	
Fax:	

Ship To:
Moulds

Style #	SKU	Description	MSRP	Quantity	Sell Price	Ext Price		Order Total
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
						-		-
		TAXES				-		-
		ORDER SUB-TOTAL						-
		SHIPPING & HANDLING		**Ground**				
		ORDER TOTAL						**-**

Date of Order:		**Contact:**		**Store:**		**Total Sale:**	**$ -**
Date Product Shipped:		**Phone Number:**				**Artwork**	Y/N
JDA Order #(s):			**Customer Number**			**Digital File**	Y/N
Approval:			**Cust. PO#:**			**Terms:**	

Comments:

Invoice payments and checks. Mail payments to: HERSHEY'S GIFTS, PO BOX 822794, Philadelphia, PA 19812-2794

Charge My: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: ☐☐ ☐☐ CID ☐☐☐☐ Signature:_____

MO YR (required for all orders)

Please fax completed form to . 877-522-4507