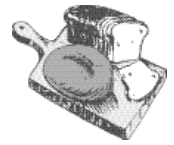




Grant's Bakery, Inc.



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		\$.70	
Brownies: ___ Plain ** ___ Fudge Frosted		\$ 1.46	
Fruit Turnover: ___ Apple** ___ Raspberry** ___ Blueberry** ___ Strawberry		\$ 1.19	
Fruit Squares: ___ Date** ___ Raspberry** ___ Lemon		\$ 1.24	
Puff Pastry: ___ Creme Roll ** ___ Raspberry Puff** ___ Strawberry Puff		\$ 2.54	
Whoopie Pies: ___ Chocolate ___ Specialty Flavors (ask us what other flavors we're carrying)		\$ 1.73 \$ 2.27	
Small Party Pastry Tray: 24 pcs of 5 varieties of bar pastries on a cater tray		\$ 16.20	
Large Party Pastry Tray: 48 pcs of 6 varieties of bar pastries on a cater tray		\$ 30.89	
Freshly Roasted Nuts: 8 oz. package of Cashews		\$ 11.34	
Freshly Roasted Nuts: 8 oz. package of Red Skin Peanuts		\$ 4.43	
Drinks: (20oz. bottle) ___ Pepsi ** ___ Diet Pepsi ** ___ Caffeine Free Diet Pepsi ___ Mountain Dew ** ___ Ginger Ale ** ___ Aquafina Purified Water		\$ 1.78	
Balloon Bouquet: 1 mylar & 5 latex		\$ 15.30	
Single Balloon: 18" Mylar		\$ 5.28	
Cupcakes: ___ White ** ___ Chocolate	doz	\$ 11.88	
Please call us for gluten free snack options.			

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, room number, and phone 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 Mon thru Fri and between 10-2 on Sat. 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 (required): _____

Class: Freshman Sophomore Junior Senior

Delivery Date: _____

_____ / _____ / _____

day of week month day year