GODIVA
Chocolatier

FAX ORDER FORM

Phone 1-877-CORPVIP (1-877-267-7847) 7am - Midnight (ET)
Fax 1-860-510-7330 (Anytime) Online at GODIVA.com/business
Email godiva_corporatesales@godivachoc.com

PLEASE SHIP THE FOLLOWING TO MY ADDRESS:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL
		Subtotal		
		Please see order form for terms regarding **Shipping and Handling**		

Please verify all addresses are correct and provide us with their phone numbers; **reshipments will result in additional charges.**

SHIP TO ARRIVE BY: ☐ NOW ☐ 12/4/09 ☐ 12/11/09 ☐ 12/18/09 ☐ OTHER ___ /___ /___

SHIP THE FOLLOWING TO THE NAMES LISTED BELOW:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL
		Subtotal		
		Please see order form for terms regarding **Shipping and Handling**		

Recipient Phone #

SHIP TO ARRIVE BY: ☐ NOW ☐ 12/4/09 ☐ 12/11/09 ☐ 12/18/09 ☐ OTHER ___ /___ /___

Gift Message:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL
		Subtotal		
		Please see order form for terms regarding **Shipping and Handling**		

Recipient Phone #

SHIP TO ARRIVE BY: ☐ NOW ☐ 12/4/09 ☐ 12/11/09 ☐ 12/18/09 ☐ OTHER ___ /___ /___

Gift Message:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL
		Subtotal		
		Please see order form for terms regarding **Shipping and Handling**		

Recipient Phone #

SHIP TO ARRIVE BY: ☐ NOW ☐ 12/4/09 ☐ 12/11/09 ☐ 12/18/09 ☐ OTHER ___ /___ /___

Gift Message:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL
		Subtotal		
		Please see order form for terms regarding **Shipping and Handling**		

Recipient Phone #

SHIP TO ARRIVE BY: ☐ NOW ☐ 12/4/09 ☐ 12/11/09 ☐ 12/18/09 ☐ OTHER ___ /___ /___

Gift Message:

METHOD OF PAYMENT: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ CHECK

Date _____

Please provide us with the following information:

DAYTIME PHONE: _____

FAX: _____

EMAIL: _____

CREDIT CARD NUMBER

EXP. DATE /

Signature _____
(Required if using credit card)

THANK YOU FOR YOUR ORDER