



CUSTOMIZED 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@godiva.com

PLEASE SHIP THE FOLLOWING TO MY ADDRESS:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL

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

ARRIVE BY: __/__/__ 12/02/16 12/09/16 12/16/16

(Please select a Friday date for Standard Delivery, which will arrive within 3 to 5 business days.)

SHIP THE FOLLOWING TO THE NAMES LISTED BELOW:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL

ARRIVE BY: __/__/__ 12/02/16 12/09/16 12/16/16

(Please select a Friday date for Standard Delivery, which will arrive within 3 to 5 business days.)

Recipient Phone # _____

Gift Message:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL

ARRIVE BY: __/__/__ 12/02/16 12/09/16 12/16/16

(Please select a Friday date for Standard Delivery, which will arrive within 3 to 5 business days.)

Recipient Phone # _____

Gift Message:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL

ARRIVE BY: __/__/__ 12/02/16 12/09/16 12/16/16

(Please select a Friday date for Standard Delivery, which will arrive within 3 to 5 business days.)

Recipient Phone # _____

Gift Message:

ITEM NO.	QTY.	DESCRIPTION	PRICE	TOTAL

ARRIVE BY: __/__/__ 12/02/16 12/09/16 12/16/16

(Please select a Friday date for Standard Delivery, which will arrive within 3 to 5 business days.)

Recipient Phone # _____

Gift Message:

METHOD OF PAYMENT: VISA MASTERCARD

Please provide us with the following information:

DAYTIME PHONE: _____

FAX: _____

EMAIL: _____

AMERICAN EXPRESS DISCOVER CHECK

CREDIT CARD NUMBER

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EXP. DATE

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Date _____

CARD HOLDER NAME: (Required) _____

BILLING ADDRESS: (Required) _____

Signature _____

(Required if using credit card)

THANK YOU FOR YOUR ORDER