

EMAIL:

THANK YOU FOR YOUR ORDER

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

Belgium 1926	PLEASE SHIP THE FOLLOWING TO MY ADDRESS:					
	ITEM NO.	QTY.	ASE SHIP	DESCRIPTION	PRICE	TOTAL
	TILIVINO.	Q11.		DESCRIPTION	THIOL	TOTAL
Please verify all addresses are correct and provide us with the phone numbers; reshipments will result in additional charges.					\Box 12/11/15 h will arrive within 3 to 5 bu	usiness days.)
SHIP THE	FOLLOWING T	TO THE	NAMES LI	STED BELOW:		
	ITEM NO.	QTY.		DESCRIPTION	PRICE	TOTAL
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Decisions Phases #				7/15 12/04/15 1	⊒ 12/11/15 h will arrive within 3 to 5 bເ	uningga daya \
Recipient Phone #	(Please selec	a Friday	uale for Sia	andard Delivery, which	n will arrive within 3 to 5 bt	usiness days.)
Gift Message:						
	ITEM NO.	QTY.		DESCRIPTION	PRICE	TOTAL
Destrict Discount				7/15		:
Recipient Phone #	(Please selec	a Friday	uale for Sia	andard Delivery, which	h will arrive within 3 to 5 bu	
Gift Message:						
	ITEM NO.	QTY.		DESCRIPTION	PRICE	TOTAL
	1000/500/			🗆	7.20.00	
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Gift Message:						
	ITEM NO.	QTY.		DESCRIPTION	PRICE	TOTAL
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Recipient Phone #	(Flease selec	ainuay	uate for Sta	indard Delivery, Write	TI WIII AITIVE WILIIII 3 to 3 DC	
Gift Message:						
METHOD OF PAYMENT: UISA MASTERCARD	☐ AMERICAN I	EXPRESS	□ DISC	OVER CHECK	Date	_
Please provide us with the following information:	CREDIT CARD NUMBER CARD HOLDER NAME: (Required)					
DAYTIME PHONE:]-[EXP. DATE		
FAX:		Ī-		/	BILLING ADDRESS: (Required	(t

Signature _

(Required if using credit card)

POF-CT