

# Printable Order Form

To order products, please print out this form and mail or fax it to us.

Please be sure to include your phone number in case we have any questions.

To inquire about availability or deliveries call us on 604-467-8339 or email: [bodaciousbaskets@bodaciousbaskets.ca](mailto:bodaciousbaskets@bodaciousbaskets.ca)

If you'd prefer, you can call in your order and credit card information to 604-467-8339 or fax this printed order form with your credit card payment to 604-467-8339

**Bodacious Baskets**  
**For the Perfect Gift**



**Everytime!**

Delivery Information:

First Name:  Last Name:   
 Address:   
 City:  Province:   
 Postal Code:  Phone:   
 Email:

Choose a payment method:

Payment method:   
 Card Number:   
 Expiration Date:

Signature: \_\_\_\_\_

Billing Address for above:

Same as delivery:

Other:  
 First Name:  Last Name:   
 Address:   
 City:  Province:   
 Postal Code:  Phone:



Bodacious Baskets

22321 Dewdney Trunk Road,  
Maple Ridge, B.C. V2X 3J3

**Bodacious Baskets**

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Selected Items:

<u>Product:</u>	<u>Quantity:</u>
Item 1: <input type="text"/>	<input type="text"/>
Item 2: <input type="text"/>	<input type="text"/>
Item 3: <input type="text"/>	<input type="text"/>
Item 4: <input type="text"/>	<input type="text"/>
Item 5: <input type="text"/>	<input type="text"/>
Item 6: <input type="text"/>	<input type="text"/>
Item 7: <input type="text"/>	<input type="text"/>
Item 8: <input type="text"/>	<input type="text"/>
Item 9: <input type="text"/>	<input type="text"/>
Item 10: <input type="text"/>	<input type="text"/>
Item 11: <input type="text"/>	<input type="text"/>
Item 12: <input type="text"/>	<input type="text"/>
Item 13: <input type="text"/>	<input type="text"/>
Item 14: <input type="text"/>	<input type="text"/>
Item 15: <input type="text"/>	<input type="text"/>
Item 16: <input type="text"/>	<input type="text"/>
Item 17: <input type="text"/>	<input type="text"/>
Item 18: <input type="text"/>	<input type="text"/>
Item 19: <input type="text"/>	<input type="text"/>
Item 20: <input type="text"/>	<input type="text"/>
Item 21: <input type="text"/>	<input type="text"/>
Item 22: <input type="text"/>	<input type="text"/>
Item 23: <input type="text"/>	<input type="text"/>
Item 24: <input type="text"/>	<input type="text"/>
Item 25: <input type="text"/>	<input type="text"/>