



Order & Deposit Form

Fax # **866-929-8160** • Phone # **585-638-5030**

Address: **23 Public Sq., Holley, NY 14470**

Event Date ____/____/____

Pickup Time: _____ am/pm

Delivery Time Frame:
from: _____ to: _____ am/pm

Contact Name: _____ Company Name: _____

Day Phone: _____ Cell Phone: _____ Other Phone: _____

E-mail Address: _____

Address (Delivery): _____

City/State/Zip: _____

Event Location/Directions: _____

Quantity	Size	Item Description	Price	Amount
1.				
2.				
3.				
4.				
5.				

A 25% minimum deposit is required to book your date a week or more in advance. Regular orders are paid upfront in full.

Tax exempt customers, please attach NYS form.

SUBTOTAL: _____

SALES TAX: _____

Gift Card Message: _____
(Add'l \$3.95)

TOTAL AMOUNT: \$ _____

Credit Card Information:

Select: VISA M.C. OTHER _____ CC # _____/_____/_____/_____

Exp. date ____/____

3 Digit Security Code _____

Billing Address: _____ Zip Code: _____

Order Agreement: DEPOSIT is NON-REFUNDABLE

Customer agrees the 25% minimum deposit required to book & hold your date is non-refundable. If you choose to cancel your order, a 24 hour notice is required. Any money paid over the 25% minimum deposit will be refunded by company check. If cancellation is requested the day of delivery or pickup, a refund WILL NOT BE HONORED.

Signature: _____

Date: _____

JONATHAN'S USE ONLY

• Order received by:

Web Fax Phone

• Order paid by:

Cash C-Card Check

Amt. pd.: _____ Amt. due: _____

• Order status:

In Progress Completed