

## ***SIMPLY SWEET TREATS***

15201 N. Cleveland Ave., North Ft Myers, FL 33903

Phone: (239) 652-9866 Fax: (239) 652-0166

### ***Imaging Ordering Policies and Procedures***

**Imaging Production Time:** Between 2 – 7 working days

Time starts when artwork/photos are received and payment terms are approved.

**Orders/Changes to Orders:** All orders and changes must be in written form.

Sorry, we cannot accept verbal orders.

There is an initial Setup Fee of \$25.00 for any order of less than \$25.00.

Artwork/photos can be emailed, mailed or faxed (for text only creations).

Artwork/photos should be in the form of a JPEG or GIF with a resolution of 72dpi or greater.

**Corporate/Business Orders:** *Please call for details- pricing and setups differ for higher quantities.*

**Shipping:** All orders are shipped FedEx, UPS, or USPS Priority with a cold pack when necessary. Prices shown on the website do not include shipping. Cold packs add \$10.00 to shipping costs.

**Cancellation:** You will be billed for all work performed to point of cancellation plus \$25.00.

**Our Guarantee:** We make every effort to reproduce and match the quality of the original images we receive. If the image is small and we are requested to make a larger copy, some quality may be lost. FDA approved food colorings are limited slightly in some of their color reproduction qualities, therefore we cannot always guarantee exact tone matches. Our refund policy is to replace items that have been damaged in transit.

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**ORDER FORM for Tasty Images on Chocolate**

(Fax or Mail this form with payment)

**CUSTOMER/BILLING INFORMATION:**

Client Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SHIPPING INFORMATION:**

Client Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<u>Item Description</u>	<u>Qty</u>	<u>Price Each</u>	<u>Total</u>
<b>Lollypops:</b>			
Deluxe Round	_____	\$ 3.99	_____
Deluxe Heart	_____	\$ 3.99	_____
Deluxe Star	_____	\$ 3.99	_____
Jumbo Heart	_____	\$11.99	_____
Jumbo Round	_____	\$11.99	_____
Round Clamshell Cover	_____	\$ 3.49	_____
Heart Clamshell Cover	_____	\$ 3.49	_____
Star Cello Bag	_____	\$ 3.49	_____
Chocolate Heart Box w/ Truffles	_____	\$15.99	_____
<b>Business Cards:</b>			
Single Card	_____	\$ 2.49	_____
Gift Set	_____	\$10.99	_____
Signature Truffle Box	_____	\$19.99	_____
<b>Chocolate Bars:</b>			
Mega Bar	_____	\$19.99	_____
Block with Round Insert	_____	\$19.99	_____
Block with Card Insert	_____	\$19.99	_____

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**Portraits:**

Heart Portrait	_____	\$24.99	_____
Column Portrait	_____	\$24.99	_____
Traditional Portrait	_____	\$24.99	_____
Wedding Portrait	_____	\$24.99	_____

**Portrait Truffle Sets:**

Heart Portrait with Truffles	_____	\$36.99	_____
Wedding Bells with Truffles	_____	\$49.99	_____
Traditional with Truffles	_____	\$49.99	_____

**Party Favors:**

Heart Favor	_____	\$ 6.99	_____
Round Favor	_____	\$ 6.99	_____
Star Favor	_____	\$ 6.99	_____
Square Favor	_____	\$ 6.99	_____
Printed truffle Set 2 piece	_____	\$ 3.79	_____
Printed truffle Set 4 piece	_____	\$ 6.99	_____
Special Order Printed Truffles	_____	Call for Pricing	_____

Photo Trading Cards	_____	\$ 3.49	_____
Chocolate Coins	_____	\$ 1.49	_____

Subtotal: \$ \_\_\_\_\_

\$25.00 Setup fee if total of items less than \$25.00 \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Shipping and Handling \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

**Corporate / Business Customers please call for special pricing and no setup fees.**

Photo image files can be sent by email, mail, or fax (text only). Files should be a JPEG or GIF and 72dpi resolution or greater. Email files to [info@simplysweettreatsswfl.com](mailto:info@simplysweettreatsswfl.com) .

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

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**Credit Card Payment Information (This information can be faxed to us at the number above or mailed. We do not recommend sending this information through email)**

Amount to Charge: \_\_\_\_\_ (from Order Form total )

**Name as it appears on Credit Card:**

\_\_\_\_\_

**Billing Address for Credit Card:**

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Credit Card: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ AmExp

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card ID Number: \_\_\_\_\_



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