

Fax Order Form

Fax: 808-737-7934

*Required Fields

Your Information

Your Name*	First	Last
Business Name		
Address*		
Is this a Business Address?*	Yes / No (please circle one)	
Phone No.*		
E-mail Address*		

Recipient's Information

Recipient's Name*	First	Last
Business Name		
Hotel Name / Recipient's Address*		
Is this a Business Address?*	Yes / No (please circle one)	
Phone No.*	(*Hotel phone number if staying at a hotel)	

Gift Basket

Type of Gift Basket*		
Your personal message for the enclosure card.		
Preferred Delivery Date	Month	Day Year

Credit Card Information

Card Type*	AMEX · VISA · MASTER · JCB (please circle one)		
Card Number*		Expiration Date*	/ *Enter as shown on Credit Card (Ex: 07/09)

I have read and agree to the Terms & Conditions of this reservation. **Yes / No** (please circle one)