

**Your
Company
Logo**

Your Company Name

123 Company Lane - New York, NY 12345

Tel. (123) 456-7890 - Fax. (123) 456-7890



ICE CREAM CAKE ORDER FORM

S M T W T H F S

DATE NEEDED:

PICKUP TIME: AM PM

CUSTOMER NAME:

PHONE:

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CAKE SIZE \ SERVES

- | | | | |
|--------------------------------------|-------|--------------------------------------|-------|
| <input type="checkbox"/> Carvelog | 10-12 | <input type="checkbox"/> Mini Sheet | 18-22 |
| <input type="checkbox"/> Small round | 8-10 | <input type="checkbox"/> Small Sheet | 22-26 |
| <input type="checkbox"/> Large Round | 15-20 | <input type="checkbox"/> Large Sheet | 35-45 |
| <input type="checkbox"/> Other | | | |

FLAVORS:

STANDARD

(Vanilla, Chocolate, Chocolate Crunch)

OTHER:

CRUNCHIES: Vanilla Chocolate None

PHOTO IMAGE: YES NO _____ (Saved)

OTHER

SPECIAL INSTRUCTIONS:

INSCRIPTION:

PAYMENT:

PAID IN

FULL

MOLDED

ORDER TAKEN BY: _____

ORDER FINISHED BY: _____

COST OF CAKE

EXTRA CHARGES

DEPOSIT

BALANCE DUE

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