



Ice Cream Cake & Pie Order Form

Today's Date: / /2009 / /2009	Pick-Up Date: Pick-Up Time: : pm/am
Employee Name: Time: Initials:	MANAGER SIGNATURE: Manager: Affix red sticker if required & process.
Did you pack, label, and place cake in True Novelty Freezer? YES NO Time: Initials:	

Name: _____ Address, if delivery: _____ Phone Number: H: () _____ W: () _____ Email Address: _____

Product Order

Cake or Pie	Price	Servings	Crust Type	
			Oreo	Graham Cracker
9" Pie	\$17.85	8		
6" Round Cake	\$24.60	6 - 8		
7" Round Cake	\$27.30	8 - 10		
9" Round Cake	\$31.80	12		
14" Round Cake	\$49.35	30 +		
9" x 12" Cake	\$38.00	20 - 25		

Flavor Order

Flavor (Offer what's in cabinet/or authorize with Jeff)	
Additional Flavors (Add \$3.00/Flavor)	

Decoration Order

Message on Cake or Pie (Add \$1.25)	
Edible Image (Add \$3.00)	#
Special Decorations (Add \$6.00)	

Order Summary

Cake or Pie Size	
-------------------------	--

Basic Price	
Message \$1.25	
Edible Image \$3.00	
Additional Flavors \$3.00/Flavor	
Special Decorations \$6.00	
Total Price	

Special Orders Must Be Placed At Least Two Days Ahead of Pick Up Date!

_____ Cake Decorator: Initial & Date When You Completed Decorations & Have Boxed,
Labeled & Placed Order in Retail Kitchen Freezer. If placed elsewhere write in the
location.