



Cake Order Form

CONTACT US: 989-584-3167

For the times of your life . . .

DATE NEEDED: _____

Order taken on: _____

Pickup Time: _____

Order taken by: _____

Customer Name: _____

Customer Phone Number: _____

\$ _____

Total Price

(including kit or picture.)

DETAILS

Cake size: ___ ¼ Sheet ___ ½ Sheet ___ Full Sheet ___ 8" Round

Layered: ___ No ___ Yes

Cake Flavor: _____

Filling Flavor: _____

Icing Color: _____

Border Color: _____

Type of Cake: _____

Special Instructions: _____

Print Instructions (what would you like it to say on the cake):



Deco Pac #: _____

Deco Image #: _____
