

# Customer Cake Form



Name

Address

Phone

Email

Would you like cupcakes?

☐ Yes ☐ No

Would you like a cake?

☒ Yes ☐ No

Which, if any, of the following statements applies to you?

☐ 12 Cupcakes

☐ 2 Layer Cake

☐ Dairy?

☐ 24 Cupcakes

☐ 3 Layer Cake

☐ Non Dairy?

☐

☐ 4 Layer Cake

☐ Other:

What flavors interest you?

☐ Carrot

☐ Tres Leches

☐ Chocolate

☐ Strawberry Lemon

☐ Red Velvet

☐ Blue Velvet

☐ Blueberry Lemon

☐ Banana Bread

☐ Vanilla

☐ Other:

What are you celebrating?

Special Colors?

Is there any special writing?

When will you pick up your order?

Cupcake Cost:

Employee Signature

Cake Cost:

Customer Signature

Where did you hear about us?

☐ Friend

☐ Google

☐ Other

*Thank You*