

(for orders of 20-50 Whips only)

• Take this form to any of our Springfield locations. Leave this form with payment and we'll have it waiting when you return.

NAME:	
PHONE #:	
ORDER:	Total Cups of Whip
# of Pineapple flavor:	
# of Second Flavor:	
# of Twist:(see pineapplewhip.com for curren	t flavor options)
Order cost:	X \$3.50 =(Total Cost)
(# of Whips)	(Total Cost)
	<u>IMPORTANT!</u>
P-WHIP TO GO! orders are formula.	re 6pm ore we can begin making your order or a MAX of 50 Whips. Larger orders require minimum 48 hours notice and the Catering page at Pineapplewhip.com
	STAFF USE
Order Date/Time received: _	
Pickup Time:	(minimum 1 hour after order time)
Payment received:	_(Employee Initials)