

Shopper Request

Dear Store Manager,

I would like to purchase the following Hiland Dairy products in your store. It is important to me to support locally owned companies and buy locally produced products. Thank you!

Customer Name: _____ Phone: _____

Email: _____ Zip Code: _____

Hiland Dairy Products I'd Like to Purchase in Your Store:

- | | | |
|--|--|---|
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Greek Yogurt | <input type="checkbox"/> Iced Coffees |
| <input type="checkbox"/> Shredded Cheese | <input type="checkbox"/> Red Diamond Tea | <input type="checkbox"/> Classic Ice Cream |
| <input type="checkbox"/> Block Cheese | <input type="checkbox"/> Lemonade | <input type="checkbox"/> Whipping Cream |
| <input type="checkbox"/> Cottage Cheese | <input type="checkbox"/> Old Recipe Ice Cream | <input type="checkbox"/> Holiday Milks |
| <input type="checkbox"/> Sour Cream | <input type="checkbox"/> Homestyle Churn Ice Cream | <input type="checkbox"/> Specialty/Egg Nogs |
| <input type="checkbox"/> Dips | <input type="checkbox"/> Half & Half | <input type="checkbox"/> Almond Milk |
| <input type="checkbox"/> Milks | <input type="checkbox"/> Juices/Drinks | <input type="checkbox"/> Soy Milk |
| <input type="checkbox"/> Butter | <input type="checkbox"/> Lactose Free Milk | |

Other: _____

Specific Flavor or Variety: _____



Locally Made.
Naturally Delicious.™



NO Artificial Growth Hormones

HilandDairy.com