

# 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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NO Artificial Growth Hormones

[HilandDairy.com](http://HilandDairy.com)