**My Family Co-Op Standing Dairy Order Form**

I am agreeing that I want the same dairy order every week and will be responsible to pick up at my location listed on this form. I understand if my order doesn’t get picked up that I will be responsible on all cost on any dairy that I ordered. I understand if an order needs be cancelled due to vacation it must be done before Friday noon for the following week. I understand that I can add other products to my standing dairy order if it’s done by the time line Friday noon. I understand standing dairy orders are for weekly orders only.

I have read the guidelines and agree to have a standing order every week.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_

Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Milk Gallon

\_\_\_\_½ Gallon

\_\_\_\_Quart

\_\_\_\_Butter

\_\_\_\_Cream Qt

\_\_\_\_Cream Pt

\_\_\_Heavy Cream

\_\_\_ Eggs (dozen)