

Customer's Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Order # \_\_\_\_\_

Customer's Address \_\_\_\_\_

**STRICT Guidelines:** All sales are final. We cannot exchange or return items. Max amount of items is 30.

Orders taken on Thursday will be available Friday

Orders taken on Saturday will be available Monday **Pick up Date:** \_\_\_\_\_

**We will try to get the size and type of item you want, but if it is not in stock, are you ok with substitutions? Yes/No**

Pick up Fee \$8.00

<input checked="" type="checkbox"/> <b>Item</b>	<b>Type</b>	<b>Size</b>
<input type="checkbox"/> Produce Item	_____	_____
<input type="checkbox"/> Produce Item	_____	_____
<input type="checkbox"/> Produce Item	_____	_____
<input type="checkbox"/> Produce Item	_____	_____
<input type="checkbox"/> Meat Item	_____	_____
<input type="checkbox"/> Meat Item	_____	_____
<input type="checkbox"/> Meat Item	_____	_____
<input type="checkbox"/> 2 Canned items	_____	_____
<input type="checkbox"/> 1 Rice/Pasta	_____	_____
<input type="checkbox"/> 1 Pasta Sauce	_____	_____
<input type="checkbox"/> 1 Cereal Item	_____	_____
<input type="checkbox"/> 1 HBC Item	_____	_____
<input type="checkbox"/> 1 HBC Item	_____	_____
<input type="checkbox"/> 1 Paper Products	_____	_____
<input type="checkbox"/> 1 Paper Products	_____	_____
<input type="checkbox"/> Cleaning Product	_____	_____
<input type="checkbox"/> Cleaning Product	_____	_____
<input type="checkbox"/> Bread	_____	_____
<input type="checkbox"/> Cookies/crackers	_____	_____
<input type="checkbox"/> 24 pk water	_____	_____
<input type="checkbox"/> 1 Milk/creamer	_____	_____
<input type="checkbox"/> 1 Dairy Item	_____	_____
<input type="checkbox"/> 1 Dairy Item	_____	_____
<input type="checkbox"/> 1 Frozen Item	_____	_____
<input type="checkbox"/> 1 Frozen Item	_____	_____
<input type="checkbox"/> 1 Any Item	_____	_____
<input type="checkbox"/> 1 Any Item	_____	_____
<input type="checkbox"/> 1 Any Item	_____	_____
<input type="checkbox"/> 1 Any Item	_____	_____

**Bag Counts**  
Room \_\_\_\_\_  
Cooler \_\_\_\_\_  
Frozen \_\_\_\_\_

PickUp Fee \$ \_\_\_\_\_

Order Total \$ \_\_\_\_\_

Order taken by: \_\_\_\_\_

Order Picked By: \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Expiration: \_\_\_\_\_ Order Total: \$ \_\_\_\_\_

I understand and accept the guidelines above and consent to my credit card being charged for the amount of my order .

Customer Name \_\_\_\_\_ Customer Phone # \_\_\_\_\_ Order # \_\_\_\_\_