

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 **Please Circle: Pick Up/Delivery**
Orders taken on Saturday will be available Monday **Pick up/Delivery Date:** _____

Delivery available to: Nanticoke, Ashley, Hanover, Glen Lyon z

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 Delivery Fee \$13.99

<input checked="" type="checkbox"/> Item	Type	Size
<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"/> Cookies/Crackers	_____	_____
<input type="checkbox"/> Paper Product	_____	_____
<input type="checkbox"/> Paper Product	_____	_____
<input type="checkbox"/> Cleaning Product	_____	_____
<input type="checkbox"/> Cleaning Product	_____	_____
<input type="checkbox"/> 1 Milk/Creamer	_____	_____
<input type="checkbox"/> Bread/Eggs	_____	_____
<input type="checkbox"/> 24 pk Water	_____	_____
<input type="checkbox"/> 1 Frozen Item	_____	_____
<input type="checkbox"/> 1 Frozen Item	_____	_____
<input type="checkbox"/> 1 Dairy Item	_____	_____
<input type="checkbox"/> 1 Dairy Item	_____	_____
<input type="checkbox"/> 1 HBC Item	_____	_____
<input type="checkbox"/> 1 HBC 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/Delivery 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 # _____