

Luzerne Order Form

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: Luzerne, Kingston, Forty Fort, Wilkes - Barre, & Dallas

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"/> 1 Milk/Creamer | _____ | _____ |
| <input type="checkbox"/> 1 Dairy Item | _____ | _____ |
| <input type="checkbox"/> 1 Dairy Item | _____ | _____ |
| <input type="checkbox"/> Eggs | _____ | _____ |
| <input type="checkbox"/> 1 Cereal Item | _____ | _____ |
| <input type="checkbox"/> Pasta/Pasta Suace | _____ | _____ |
| <input type="checkbox"/> 2 Canned items | _____ | _____ |
| <input type="checkbox"/> Soup | _____ | _____ |
| <input type="checkbox"/> Cookies/Crackers | _____ | _____ |
| <input type="checkbox"/> 1 HBC Item | _____ | _____ |
| <input type="checkbox"/> 1 HBC Item | _____ | _____ |
| <input type="checkbox"/> Paper Product | _____ | _____ |
| <input type="checkbox"/> Paper Product | _____ | _____ |
| <input type="checkbox"/> 1 Cleaning Item | _____ | _____ |
| <input type="checkbox"/> 1 Cleaning Item | _____ | _____ |
| <input type="checkbox"/> 24 Pk Water | _____ | _____ |
| <input type="checkbox"/> 1 Frozen Item | _____ | _____ |
| <input type="checkbox"/> 1 Frozen Item | _____ | _____ |
| <input type="checkbox"/> Bread | _____ | _____ |
| <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 # _____