

Moosic 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: Moosic, Old Forge, Taylor, Avoca & Dupont

**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"/> 1 Paper Product	_____	_____
<input type="checkbox"/> 1 Paper Product	_____	_____
<input type="checkbox"/> 1 Cleaning Product	_____	_____
<input type="checkbox"/> 1 Cleaning Product	_____	_____
<input type="checkbox"/> 1 HBC Item	_____	_____
<input type="checkbox"/> 1 HBC Item	_____	_____
<input type="checkbox"/> 24 pk water	_____	_____
<input type="checkbox"/> Cookies/Crackers	_____	_____
<input type="checkbox"/> Bread	_____	_____
<input type="checkbox"/> 1 Dairy Item	_____	_____
<input type="checkbox"/> 1 Dairy Item	_____	_____
<input type="checkbox"/> Eggs	_____	_____
<input type="checkbox"/> 1 Milk/Creamer	_____	_____
<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	_____	_____

**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 # \_\_\_\_\_