

West Pittston 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: 18640, 18643, 18642, 18644,

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"/> Pasta/Pasta Sauce	_____	_____
<input type="checkbox"/> 2 Canned items	_____	_____
<input type="checkbox"/> Soups	_____	_____
<input type="checkbox"/> 1 HBC Item	_____	_____
<input type="checkbox"/> 1 HBC Item	_____	_____
<input type="checkbox"/> 1 Cereal Item	_____	_____
<input type="checkbox"/> Paper Product	_____	_____
<input type="checkbox"/> Paper Product	_____	_____
<input type="checkbox"/> Cleaning Product	_____	_____
<input type="checkbox"/> Cleaning Product	_____	_____
<input type="checkbox"/> 24 pk Water	_____	_____
<input type="checkbox"/> 1 Meat Item	_____	_____
<input type="checkbox"/> 1 Meat Item	_____	_____
<input type="checkbox"/> 1 Meat Item	_____	_____
<input type="checkbox"/> Cookies/Crackers	_____	_____
<input type="checkbox"/> 1 Frozen Item	_____	_____
<input type="checkbox"/> 1 Frozen Item	_____	_____
<input type="checkbox"/> Bread	_____	_____
<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 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 # _____