

Delivery / Curbside / Store Pickup

Frst/Lst Name: _____

Phone _____

Email (on sys yes/no) _____

DAY/Date Nded: _____ Time: _____

QTY (or lbs)	ITEM:	Cost:
_____	_____	_____

_____	_____	_____
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_____	_____	_____
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_____ | _____ | _____

Comments: _____

Address: _____

CC#: _____

EXP ___/___ CODE: _____

TIP: _____