Customer Information

Name:	
Address:	
Email:	
Phone:	
Pick-up or	Delivery:

Make & Model of vehicle that will be picking up groceries:

Preferred Pick Up Time:

Produce

Item Name	Brand	Size	Quantity	Special Notes

Deli/Bakery:

Item Name	Brand	Size	Quantity	Special Notes

Deli/Bakery - Continued:

Item Name	Brand	Size	Quantity	Special Notes

Meat:

Dairy:

Item Name	Brand	Size	Quantity	Special Notes

Breads, donuts, pastries, bagels, english muffins, etc:

Item Name	Brand	Size	Quantity	Special Notes

Frozen:

Item Name	Brand	Size	Quantity	Special Notes

Personal Care:

Item Name	Brand	Size	Quantity	Special Notes

Paper Products: (Toilet Paper, Paper Towels, Tissues, Trash Bags, etc)

Item Name	Brand	Size	Quantity	Special Notes

Cleaning/Laundry Products

Item Name	Brand	Size	Quantity	Special Notes

Grocery/Non Refridgeration

tem Name	Brand	Size	Quantity	Special Notes

Grocery/Non Refridgeration

Item Name	Brand	Size	Quantity	Special Notes

All Other: