

Curbside Delivery /Pick-Up Order Form

(Please Print Clearly)

Name* (First & Last)_____

Email*_____

Phone*_____

Fulfilled By: _____

Payment Received By:_____

Customer Contacted By:_____

Items Desired: Item Name, Item #, Quantity

Item #	Name	Quantity

Staple Customer's Finalized Receipt here

Pick-Up or Delivery?*(We will contact you to schedule a delivery time.)

Select Your Approximate Pick-up Date/Time (PICK-UP ONLY!)_____

Delivery Address (If Applicable)_____

City, State ZIP / Postal Code_____

What day would you prefer your order delivered?

Monday Thursday

Tuesday Friday

Wednesday

**We cannot guarantee we will be able to deliver on that day, but we will do our best!

Any Comments