



# Grocery Delivery Request Form

Date To Be Delivered: \_\_\_\_\_

Please fill out this form and fax to 417.869.9242 to place your order.

## Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Boat Name: \_\_\_\_\_ Marina: \_\_\_\_\_ Pier: \_\_\_\_\_ Slip: \_\_\_\_\_

Please print legibly and be specific in regard to name brands and quantities. A copy of your form will be returned with your delivery showing the cost of our goods. You will be billed for the cost of the goods plus \$30 for pick-up & delivery. Your Leisure Time will do its best to fill your order, however some items may be subject to availability. Thank-you for your business.

## Delivery Request

Office Use Only

Produce (in season): _____ _____	
Deli: _____ _____	
Bakery: _____ _____	
Dairy: _____ _____	
Snacks: _____ _____	
Frozen Foods: _____ _____	
Meat: _____ _____	
Dry/Canned Goods: _____ _____	
Beverages: _____ _____	
Toiletries: _____ _____	
Miscellaneous: _____ _____	

Office Use Only <b>Total Cost of Goods</b>
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