SHOP FOR YOU ORDER

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| **CUSTOMER DETAILS** |
| Full Name: |  | Drop off day/time: |  |
| Mobile phone: |  | Collection window: |  |
| Email:(esp. if new customer) |  | How flexible? |  |
| Loyalty customer: | Yes / No / Sign me up | AcceptSubstitutes? | Yes / No / Phone to check |
| **PLEASE FILL MY CONTAINER(S)** |
| **My containers are:** | **✓** | **Number of containers:** |
| **SPARKLING CLEAN & COMPLETELY EMPTY?** |  |
| Clearly **LABELLED** with the product requested? |  |
| **Marked** with a clear line if less than a full container is required?Note: Containers will be filled unless this would exceed purchase limits |  |
| In carry bag(s) and/or boxes which are clean & pest free |  |
| **I have read the** [**Returns Policy**](http://www.wastelesspantry.com.au/returns-policy/) **& understand that once food is dispensed into my own container it must be paid for as it cannot be returned.** | Initial here: |
| **PLEASE PROVIDE CONTAINER(S) FOR ME** |
| Description of item requested | Approx Qty(grams/kg or cups) | Please tick preferred ✓ |
| Buy Jar or Bottle | Freejar | Paperbag |
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| **PLEASE PROVIDE CONTAINER(S) FOR ME:** |
| Description of item requested | Approxgrams/kg | Please tick preferred ✓ |
| Buy Jar or Bottle | Freejar | Paperbag |
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| **DISPATCH DETAILS** |
| Customer contacted for collection? |  | Paid?  |  |
| Confirmed collection day & time |  | Staff name: |  |

End of list🞎 Continued on another page 🞎