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 | Accept  Substitutes? | | 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 | Free  jar | Paper  bag |
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| **PLEASE PROVIDE CONTAINER(S) FOR ME:** | | | | | | | |
| Description of item requested | | | Approx  grams/kg | | Please tick preferred ✓ | | |
| Buy Jar or Bottle | Free  jar | Paper  bag |
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| **DISPATCH DETAILS** | | | | | | | |
| Customer contacted for collection? |  | Paid? | |  | | | |
| Confirmed collection day & time |  | Staff name: | |  | | | |

End of list🞎 Continued on another page 🞎