CUSTOME	R DETAILS						
Full Name: Drop off							
			ay/time: ollection				
Mobile phone:		wind					
Email: (esp. if new customer)		How flexible?					
Loyalty customer:	Yes / No / Sign me up	Acce Subs	pt titutes?	Yes / No / Phone to check			
PLEASE FIL	L MY CONTAINER(S)						
My containers are:					Number of		
SPARKLING CLEAN & COMPLETELY EMPTY?					cor	ntaine	rs:
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	g(s) and/or boxes which are clean & pest	clean & pest free					
I have read the Returns Policy & understand that once food is dispensed					here:		
	container it must be paid for as it cannot be re OVIDE CONTAINER(S) FOR ME	turne	ea.				
PLEASE PR	OVIDE CONTAINER(S) FOR IVIE		Approx	Ωtv	Please t	ick prefe	rred √
Description of item requested			(grams/kg or cups)		Buy Jar or Bottle	Free jar	Paper bag
			33,537				

PLEASE PROVIDE CONTAINER(S) FOR ME:									
	Approx	Please tick preferred ✓							
Description of item requested	grams/kg	Buy Jar or	Free	Paper					
	0 - 1, 0	Bottle	jar	bag					
DISPATCH DETAILS									
Customer contacted									
for collection?	Paid?								
Confirmed collection									
day & time	Staff name:								

End of list□

Continued on another page \square

Email direct to your local store via:

Mundaring-orders@wastelesspantry.com.au

Bassendean-orders@wastelesspantry.com.au

Greenwood-orders@wastelesspantry.com.au