The Gateway Co-operative Limited **GROCERY ORDER FORM**

Phone: (306) 563-5637 Fax: (306) 563-5335 **DATE:**

Please provide as much information as possible for each item to assist with the picking of your order.

To view our online flyer, go to [www.gatewayco-op.crs/sites/gateway/](http://www.gatewayco-op.crs/sites/gateway/)

Return completed form to gateway.coop@sasktel.net

CUSTOMER NAME

CO-OP MEMBER NUMBER PHONE NUMBER

ORDER IS FOR: PICK-UP Requested Pick-up DATE

 DELIVERY: DELIVERY ADDRESS

PAYMENT TYPE: E-Transfer Online Payment Cash Cheque

 Mobile Debit/Credit (Canora only) OTHER (please specify)

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| **DESCRIPTION (including BRAND)** | **SIZE** | **QTY.** | **SUBSTITUTIONS ACCEPTED?** |
| **ANY** | **BRAND** | **SIZE** |
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CUSTOMER NAME DATE:

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| **DESCRIPTION (including BRAND)** | **SIZE** | **QTY.** | **SUBSTITUTIONS ACCEPTED?** |
| **ANY** | **BRAND** | **SIZE** |
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Please note, Gateway Co-op will do our best to fill your order as per your request. If you indicate that you are willing to accept substitutions for an item, it may mean that you will receive a different brand, a different size, or an item that is not on sale. During this time, we are not issuing rainchecks for outed items. Also, please note, that at the present time, we are not able to accept returns on product.

Thank-you for shopping at Gateway Co-op!

To be completed by Gateway Co-op:

Order picked: Order processed through till:

Number of pieces in freezer for order: Additional Comments:

Number of pieces in cooler for order:

Number of pieces in warehouse for order: