MAIN STREET GROCERY

(www.mainstreetgrocerywausa.com)

600 East Broadway   POB 260   Wausa, NE 68786

FAX This Form to: 586-2437

ATTN: Terri Suhr   Phone: 586-2224

Date Sent: ______________________

Name:		**Work:**	
Address:		**Address:**	
City:		**City:**	
State:	**Zip Code:**	**State:**	**Zip Code:**
Phone:		**Phone:**	

Deliver Order To:
(Home) ___ (Work) ___ (Will Pick Up) ___ Pick Up Date & Time: _______________________________

I will be paying with __Check __Cash __Credit Card # _______________________________ Exp. _____
Signature: ______________________________________

Item:	**Size:**	**Price:**	**Quantity:**