# EMAIL ORDER FORM

Hometown Provisions

201 West Kendig Rd.
Willow Street, PA 17548
Phone: 717-464-4165
Fax: 717-464-4871
e-mail: orders@hometownprovisions.net

| DATE: |
|---|
| ACCOUNT ID: |

**CUSTOMER**
Contact Name:
Acct Name:
□ Address on file
Street Address:
City, ST ZIP Code:
Phone:

**SHIP TO**
□ Same as Customer □ Pick Up
Acct Name:
Department:
Street Address:
City, ST ZIP Code:
Phone:

| DELIVERY DATE |
|---|
| |

| ITEM # | DESCRIPTION | QTY/CS or EA |
|---|---|---|
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*Signature* *Date*