# SAV-A-LOT

1411 PLUM CREEK PARKWAY
MAIL TO: P. O. Box 577   Lexington, NE 68850-0577
FAX This Form To: (308) 324-2777
**ATTN: Jeff or Mogens**   Phone: (308) 324-2327

**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: _______________________________________ We may substitute like items for your request**

| Item: | Size: | Price: | Quantity: |
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