Affiliated Foods Midwest

LINDSAY COOP MARKET

115 Pine Street Lindsay, NE 68644
DROP Form at Store Please
ATTN: Store Manager Phone: (402) – 428-2093

Date Sent: ____________________

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

(Will Pick Up) ___ Pick Up Date & Time: _____________________________

I will be paying with __Check __Cash __Credit Card # _____________________________ Exp. _____

Signature: ___________________________________

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