



CUSTOMER ACCOUNT

When completed, please FAX to 760.720.7504, or email to delivery@dextersdeli.com, or bring it in to one of our stores.

LAST NAME: _____ **FIRST NAME:** _____

PHONE NUMBER: _____ **WORK NUMBER:** _____

CELL NUMBER: _____

CREDIT CARD: _____ **EXPIR. DATE:** _____

PETS NAME	BREED	AGE

DELIVERY ADDRESS:

DIRECTIONS: *main cross streets, new area, gate or driveway entrance*

SPECIAL INSTRUCTIONS: *where should items be left, gate codes, beware of dog, etc.*

___ YES, I will be ordering fresh frozen pet food and will require cooler service.

___ YES, I have read and understand Dexter's Deli Delivery Policies.

___ YES, I want to be set-up on auto-delivery. Dexter's Deli will contact me with the details (*every week, every 2 weeks or monthly*).

OFFICE USE ONLY
DELIVERY DAY: _____ **Auto-Delivery:** _____