



BLACK GLOVE
DELIVERY

YOUR LIST. OUR GLOVES. YOUR DOOR.

Luxury

GROCERIES
DELIVERED
WITH CARE

CUSTOMER ORDER FORM

Tell us exactly what you need

CUSTOMER INFORMATION

Full Name	Phone	Email

Delivery Address

City / State / ZIP	Preferred Delivery Date	Preferred Time Slot

TIME SLOTS (Check your preferred delivery window)

- | | |
|--|--|
| ☐ 8:00 AM – 10:00 AM | ☐ 2:00 PM – 4:00 PM |
| ☐ 10:00 AM – 12:00 PM | ☐ 4:00 PM – 6:00 PM |
| ☐ 12:00 PM – 2:00 PM | |

YOUR GROCERY LIST

Include item, brand/preference, size, quantity, and special instructions when needed.

ITEM	BRAND / PREFERENCE	SIZE	QTY	SPECIAL INSTRUCTIONS

SUBSTITUTIONS

- ☐ Choose closest comparable item ☐ Contact me before substituting
- ☐ Do not substitute
- ☐ Max substitution price \$ _____ ☐ Grocery budget \$ _____
- ☐ Budget is flexible

Black Glove Delivery • 615-744-9940 • order@blackglovedelivery.co

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MORE
THAN
GROCERIES...

IT'S A
VIP EXPERIENCE.

ORDER DETAILS

Fresh handling • Careful shopping • Door-to-door service

FRESH & SPECIAL PREFERENCES

Produce preference: ☐ Organic ☐ Conventional ☐ No preference

Produce / ripeness requests

Meat / seafood preferences

Refrigerated / frozen requests

GROCERY PUT-AWAY SERVICE

☐ Yes — put my groceries away ☐ No — delivery only

Where should items be placed? (optional)

DELIVERY PREFERENCES

☐ Text me when you're on the way ☐ Text / call when you arrive

☐ Leave at door if unavailable

Additional delivery instructions

CUSTOMER AUTHORIZATION

I authorize Black Glove Delivery to purchase the requested groceries on my behalf. If I selected substitutions, I authorize comparable substitutions within my stated limits.

☐ I agree to the authorization above

Customer Signature / Name

Date

**THANK YOU FOR TRUSTING
BLACK GLOVE DELIVERY**

Professional • Protected • Fresh

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