

ITEM PRICE QTY TOTAL

DAIRY

WHOLE MILK	3.95	_____	_____
2% MILK	3.95	_____	_____
ALMOND MILK	4.95	_____	_____
HALF & HALF QUART	3.50	_____	_____
BUTTER (PER LB)	4.99	_____	_____
ICE CREAM QUART	6.00	_____	_____
GOUDA CHEESE (PER LB)	4.25	_____	_____
SWISS CHEESE (PER LB)	5.00	_____	_____
PROVOLONE CHEESE (PER LB)	3.50	_____	_____
WHITE CHEDDAR SHREDDED (PER LB)	8.00	_____	_____

BAKED GOODS

CHOCOLATE CAKE (SLICE)	6.00	_____	_____
CHOCOLATE CAKE (WHOLE)	50.00	_____	_____
CARROT CAKE (SLICE)	6.00	_____	_____
CARROT CAKE (WHOLE)	50.00	_____	_____
BROWNIES	5.00	_____	_____
LEMON BARS	5.00	_____	_____
BREAD	4.50 - 7.50	_____	_____
GLUTEN FREE BREAD	9.00	_____	_____

PRODUCE

CELERY	3.00	_____	_____
SPAGHETTI SQUASH (EACH)	2.00	_____	_____
TOMATOES (PER LB)	1.00	_____	_____
CHERRY TOMATOES (PER LB)	2.50	_____	_____
BUTTER LETTUCE (HEAD)	2.00	_____	_____
RED LEAF LETTUCE (HEAD)	2.00	_____	_____
GREEN LEAF LETTUCE (HEAD)	2.00	_____	_____
ROMAINE (HEAD)	2.00	_____	_____
FRESH HERBS		_____	_____
RED PEPPERS (EACH)	1.00	_____	_____
CARROTS (PER LB)	1.00	_____	_____
YELLOW ONIONS (PER LB)	.75	_____	_____
RED ONIONS (PER LB)	1.00	_____	_____
AVOCADOES (EACH)	2.00	_____	_____
ORANGE (EACH)	.50	_____	_____
LEMON (EACH)	.50	_____	_____
LIME (EACH)	.50	_____	_____

DELI & MEATS

RAW CHICKEN BREAST (PER LB)	4.00	_____	_____
HAM (PER LB)	3.25	_____	_____
PROSCUITTO (PER LB)	8.00	_____	_____
PEPPERONI (PER LB)	4.25	_____	_____
PASTRAMI (PER LB)	8.50	_____	_____
FROZEN SHRIMP (PER LB)	7.00	_____	_____
GROUND BISON (PER 1.25# PKG)	10.00	_____	_____
LOBSTER TAILS: (4 OZ TAILS)	14.00	_____	_____

MISCELLANEOUS

ORANGE JUICE	5.50	_____	_____
MISCELLANEOUS SODAS AND DRINKS		_____	_____
GALLONS OF WATER	3.50	_____	_____
EGGS (DOZEN)	3.50	_____	_____
LASAGNA DRY BOX	1.50	_____	_____
TOILET PAPER ROLL (EACH)	1.00	_____	_____
PAPER TOWELS ROLLS (EACH)	2.50	_____	_____
NAPKINS (PKG)	3.00	_____	_____

The
RIDGE
CAFE

market order from

ORDER DATE ____/____/____ SERVER NAME _____

FULL NAME _____

PH # _____

DESIRED PICK-UP DATE ____/____/____ TIME ____:____

TELL CUSTOMER WE WILL CALL WHEN READY

BILLING INFO:

ADDRESS _____

CITY _____

STATE _____ ZIP _____

AM
PM

NAME ON CC _____

CC # _____

EXP DATE ____/____ CCV _____

CC RUN ON ____/____/____ BY _____

SUBTOTAL _____

x 8.25% TAX _____

TOTAL ITEMS / TOAL COST _____

ADDITIONAL INFO:
