

Company Name _____

Phone Number _____

Date of Order _____

Pickup Date & Time _____

(Please Note: We need a minimum of 1 hour in which to hand flavor the beans to perfection. For larger orders, please give us 24 hours notice)

Whole Bean **Ground**

Flavored Coffees

| Amount | Decaf |
|---------------------------|-------|
| _____ Butter Rum | _____ |
| _____ Chocolate Coconut | _____ |
| _____ Chocolate Raspberry | _____ |
| _____ Cinnamon Sticky Bun | _____ |
| _____ Coconut Cream | _____ |
| _____ Creme Brulee | _____ |
| _____ Dark Chocolate Dust | _____ |
| _____ English Toffee | _____ |
| _____ Hazelnut | _____ |
| _____ Noel Blend | _____ |
| _____ Pumpkin Spice | _____ |
| _____ Snickerdoodle | _____ |
| _____ Toasted Almond | _____ |
| _____ Tropical Morning | _____ |
| _____ Vanilla | _____ |

Specialty Coffees

| Amount |
|---------------------|
| _____ Hawaiian Kona |
| _____ Hawaiian Maui |

Additional Information (if applicable):

Delivery Order: Date/time of day for delivery

Shipping Order: UPS Ground unless otherwise specified. Typically a \$10-\$15 shipping & handling fee will apply. In the space below, write the following information: shipping address, billing address, credit card number, credit card expiration, name of card holder, credit card CVC code

Comments:

Employee Name _____

Company Name _____

Phone Number _____

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St. Thomas Roasters | www.stthomasroasters.com
5951 Linglestown Road Harrisburg, Pennsylvania 17112 | (717) 526-4171

Employee Name _____