CURBSIDE DELIVERY ORDER FORM

Date _____

Name _____

Address _____
(Street) *(City)* *(Zip)*

Phone number (_____) _____

Email Address _____

Product Name	Item Number	Size	Color	Quantity

Customer Notes: _____

_____

Preferred time of pick up: Day :_____ Date: _____ Time: _____

We will call you to confirm your order and pick-up time, and to obtain credit card info for payment.
Your order will be ready for pick-up upon arrival and will be clearly marked.

Thank you for your order – we are here to help during this challenging time. Our Curbside Delivery Service is available during hours of operation. Please see DoverSaddlery.com/Stores for current store hours.

Ride well, be well.
Your Dover Saddlery Team

Order Number *(Store use only)* _____