



Mountains of Groceries LLC

Fax # 208.247.1650

Your Personal Grocery List

Name: _____

Phone Number: _____

Alternate Number: _____

Email Address: _____

Name of Rental Property: _____

Property Manager: _____

Address of Unit: _____

Unit Number: _____

Date of Arrival: _____

Time of Arrival: _____

Number of People Staying: _____

Length of Stay: _____

Name on Credit Card: _____

Billing Address: _____

City, ST, Zip _____

Credit Card Company: _____

Credit Card Number: _____

Expiration Date: _____

◇ Yes, I would like the Organic Option

◇ Yes, I would like the Local's Choice

Please use the space provided below for specifications about brands

and quantities. If your preferred brand is unavailable, Mountains of Groceries will elect the closest alternate, unless you indicate otherwise by putting "ONLY" after your brand choice. Please feel free to list multiple brands, for example:

Cereal: 2 Cheerios, 2 Raisin Bran, 1 Go Lean

Fresh Produce, Quantity and Brand Preferences

Apples: _____

Bananas: _____

Grapes: _____

Oranges: _____

Melons: _____

Berries: _____

Tomatoes: _____

Avocados: _____

Onions: _____

Potatoes: _____

Lettuce: _____

Carrots: _____

Celery: _____

Broccoli: _____

Zucchini: _____

Cucumber: _____

Peppers: _____

Mushrooms: _____

Other: _____

Deli, Quantity and Brand Preferences

Sliced Turkey: _____

Sliced Ham: _____

Sliced Roast Beef: _____

Sliced Jack Cheese: _____

Sliced Cheddar: _____
Sliced Provolone: _____
Sliced Swiss: _____
Hard Meats (sausage, pepperoni, etc): _____
Hard or Soft Cheeses (brie, edam, etc): _____
Hummus: _____
String Cheese: _____
Grated Cheese: _____
Cream Cheese: _____
Other: _____

Breads, Quantity and Brand Preferences

Sliced Bread: _____
Baguettes: _____
Bagels: _____
Muffin s/scones/donuts: _____
Tortillas: _____
Other: _____

Snacks, Quantity and Brand Preferences

Crackers: _____
Cookies: _____
Granola Bars: _____
Energy Bars: _____
Nuts: _____
Dried Fruit: _____
Chips: _____
Pop Corn: _____
Candy: _____
Other: _____

Breakfast Items, Quantity and Brand Preferences

Cereal: _____

Coffee: _____

Coffee Filters: _____

Tea: _____

Bacon: _____

Sausage: _____

Oatmeal: _____

Pancake/waffle mix: _____

Maple Syrup: _____

Other: _____

Dairy, Quantity and Brand Preferences

Milk: _____

Eggs: _____

Butter/margarine: _____

Yogurt: _____

Cottage Cheese: _____

Half & Half: _____

Sour Cream: _____

Other: _____

Condiments, Quantity and Brand Preferences

Ketchup: _____

Mustard: _____

Relish: _____

Mayonnaise: _____

Peanut Butter: _____

Jelly: _____

Salad Dressing: _____

Tuna: _____

Salsa: _____

Spaghetti Sauce: _____

Other: _____

Cooking Items, Quantity and Brand Preferences

Oil: _____

Vinegar: _____

Spices: _____

Pasta: _____

Rice: _____

Mac n Cheese: _____

Other: _____

Baking Items, Quantity and Brand Preferences

Sugar: _____

Sugar Substitute: _____

Flour: _____

Baking Soda: _____

Baking Powder: _____

Cake/brownie Mix: _____

Other: _____

Meats, Quantity and Brand Preferences

** Please specify frozen or fresh **

Chicken: _____

Hamburger: _____

Steak: _____

Fish: _____

Pork: _____

Other: _____

Frozen, Quantity and Brand Preferences

Ice Cream: _____

Novelties (popsicles, etc): _____

Pizzas: _____

Dinners: _____

Other: _____

Household Items, Quantity and Brand Preferences

Cleaning Products: _____

Batteries: _____

Film: _____

Hand/dish Soap: _____

Laundry Detergent: _____

First Aid Items: _____

Shampoo/Conditioner: _____

Pain Relievers: _____

Diapers/wipes: _____

Feminine Items: _____

Toilet Paper: _____

Kleenex: _____

Paper Towels: _____

Napkins: _____

Paper Plates: _____

Plastic Cutlery: _____

Ziploc Bags: _____

Foil/Saran Wrap: _____

Handi-Wipes: _____

Other: _____

Drinks, Quantity and Brand Preferences

Sodas: _____

Juices: _____

Teas: _____

Kid's Drinks: _____

Hot Chocolate: _____

Energy Drinks: _____

Bottled Water: _____

Other: _____

Alcoholic Beverages, Quantity and Brand Preferences

* Please remember to fax a copy of your driver's license*

Beer: _____

Wine: _____

Liquor: _____

Mixers: _____

Other: _____

Thank you for taking the time to complete your grocery list! Please fax it to us, or email it as an attachment. You will receive a confirmation email once we receive your list. Thank you for your business, and we are happy to help make your vacation start smoothly!