

FAX ORDER FORM

Fax this form to 355-4583



Delivery Information	
Name of Restaurant:	
Delivery Date:	Delivery Time: AM/PM

Customer Information	
Name:	Company:
Address:	Zip Code:
Phone:	Fax:
Payment Method(Circle one): CASH / CHECK / GIFT CARD / CREDIT CARD (we will call you for card information)	

Order Information			
Item#	Item Name	Special Instructions	Label for
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			