

Day:

Date:

Delivery Time:

Time Taken:



Business  Residence

First Name:

Company:

Last Name:

Phone:

Extension:

Address:

Department:

Door # or Entrance:

Conf. Room:

Floor:

835-4000 / Fax 835-9500  
Next to BEST BUY

835-4100 / Fax 835-9509  
Across from Sacred Heart Hospital

CASH or CHECK (Business Deliveries Only)

CHARGE IN-HOUSE / Billing Address: \_\_\_\_\_

CREDIT CARD Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Gratuity? \_\_\_\_\_

Directions & Add'l Info: \_\_\_\_\_

GRINDERS	PIZZA / PASTA / FRIES	SALADS / SOUP / OTHER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16	<b>ADDITIONAL ITEMS (Ask <u>only</u> for platters or large pizza orders):</b> # ___ Napkins      # ___ Knives      # ___ Spoons/Crackers # ___ Plates      # ___ Forks      # ___ Cups	
17		
18		

Total Due:

Total Due With Tip:

Rung In? YES / NO

**Always repeat order to the customer** before ringing the order in for a total.  
**Remind customer WE DO NOT CARRY CHANGE** for cash orders!