



Delivery to: \_\_\_\_\_

Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

*Time Order Taken (if ASAP requested):* \_\_\_\_\_

1	
2	
3	
4	
5	
6	
7	
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9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
<b>CHIPS #:</b>	<b>COOKIES #:</b>
<b>SODAS #:</b>	
<b><u>ONLY</u> ask about the following if Grinder Party boxes, Party Salads, Party Pastas, or Large pizzas are ordered!</b> <b>(\$0.15 per place setting)</b>	
Plates:	Forks:
Napkins:	Knives:      Cups:
<b>Always repeat order to the customer before ringing in for total!</b>	



**Phone: 715-835-4100**

**Fax: 715-835-9509**

*(Please call after faxing to confirm fax received)*

☐

**Residential**

☐

**Business**

**Company Name:** \_\_\_\_\_

**First & Last Name (*person ordering*):**

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Contact phone# on-site (*if different from above*):** \_\_\_\_\_

**Delivery Address:**

\_\_\_\_\_

\_\_\_\_\_

**\*\*Special Instructions / Other Information (*these are a must for all Clinics and Hospitals*):**

Department: \_\_\_\_\_ Door#/ Entrance: \_\_\_\_\_

Floor #: \_\_\_\_\_ Conference Rm #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Payment**

☐

**Cash** (Change Needed? Yes/ No \$ \_\_\_\_\_)

☐

**Check** (Businesses ONLY)

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**Invoiced/Charged Account** (*Must have SS approval*)

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**Credit Card**    Gratuity: \$ \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_ **CVV:** \_\_\_\_\_ **Billing Zip:** \_\_\_\_\_

**Billing address (house number) if different from delivery:** \_\_\_\_\_

**Tax Exempt? YES / NO    Tax Exempt #:** \_\_\_\_\_  
*(ONLY ask if Church, School, Medical facility or Sport's team ordering)*

**Order Total: \$** \_\_\_\_\_

**Total Due w/Tip: \$** \_\_\_\_\_

**Rung In? Yes / No**

*(DO NOT CASH OUT WHEN ORDER IS FOR A DIFFERENT DAY!)*