

Day: Date: Delivery Time: Time Taken:



Business Residence

First Name: _____

Company: _____

Last Name: _____

Phone: _____

Extension: _____

Address: _____

Department: _____

Conf. Room: _____

Door # or Entrance: _____

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	ADDITIONAL ITEMS (Ask <u>only</u> for platters or large pizza orders): # ___ 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!**