

Fax Order Form
Phone: 703-777-3959

Please Fill in Information Below

Customer ID #: _____

Will Need Delivery

Will Pickup Order

Name of Business/Organization

Name of Contact Person

Name of Billing Contact Person

Billing Address

City, State

Zip Code

Contact Phone

Contact Fax

Delivery Location Name (if delivered)

Delivery Location Address

Delivery Room No. or Contact Person

City, State

Day and Date of Order

Delivery or Pickup Time

Total No. of Guests

PAYMENT INFO

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____

Signature (Required): _____

Date: _____

Special Instructions or Requests:

NOTE: If you are unsure about quantities, leave this area blank. We will estimate the quantities for you in your confirmation fax.

Food	QUANTITY	BEVERAGE	QUANTITY
		DISPOSABLE SERVICEWARE	QUANTITY

Upon receiving this form, we will fax a confirmation to you requiring your signature for approval within one business day. This purchase WILL NOT be charged to your Credit Card above until we receive your signed confirmation. If your order is last minute and requires immediate attention, please follow-up this fax with a phone call and we will do our best to accommodate you.