Fax Order Form

Phone: 414/645-4469 Fax: 414/645-4450

Please Fill in Information Below

Customer ID #: Will Need Delivery		elivery	very Will Pickup Order		
Name of Business/Organization	Name of Contact	Name of Contact Person		Name of Billing Contact Person	
Billing Address	City, State	City, State		Zip Code	
Contact Phone	Contact Fax	Contact Fax		Delivery Location Name (if delivered)	
Delivery Location Address	Delivery Room No	Delivery Room No. or Contact Person		City, State	
Day and Date of Order	Delivery or Pickup Time		Total No. of Guests		
□ Check here and skip	PAYM o the next section if you wou	IENT INFO Ild like us to use the cr	edit card information cur	rently on file.	
Card Number: Expiration Date:	□ MASTERCARD				
Special Instructions or Reques	its:				
NOTE: If you are unsure about quantiti	ies, leave this area blank. We will ex QUANTITY	stimate the quantities for you	ou in your confirmation fax.	NTITY	
		DISPOSABLE SERVICE	EWARE QUAN		
		DISPOSABLE SERVICE	WARE QUAN	NIII I	