



## COFFEE SERVICE AND CATERING ORDER FORM

**ORDERS MUST BE PLACED AT LEAST 48 HOURS IN ADVANCE OF SERVICE DATE  
PLEASE HAND-DELIVER THIS FORM, PHONE IN ORDER, OR CALL TO CONFIRM RECEIPT OF FAXED ORDERS**

<b>SERVICE DATE:</b>
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**SELECT ONE:**

	<b>PICKUP</b>	TIME:	
	<b>DELIVERY*</b>	TIME:	

**\*PLEASE CALL TO CHECK AVAILABILITY OF DELIVERY SERVICES FOR YOUR EVENT. DELIVERY FEE WILL APPLY.**

COMPANY NAME:	CONTACT NAME:
DELIVERY/BILLING ADDRESS:	EMAIL:
PHONE:	FAX:

**DESCRIPTION OF SERVICE REQUESTED:**

QTY	DESCRIPTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ADDITIONAL ITEMS REQUESTED:**

\_\_\_\_\_ CUPS AND CONDIMENTS FOR HOT BEVERAGE SERVICE

\_\_\_\_\_ PLATES AND UTENSILS FOR FOOD SERVICE

\_\_\_\_\_ OTHER: \_\_\_\_\_

**BELOW THIS LINE FOR OFFICE USE ONLY:**

Order Taken By:	Date:	Order Notes:
Circle One: PAID / ON ACCOUNT		Delivery Notes:

