

SPECIAL ORDER

Date order was placed: ____/____/____ Employee: _____

FULL name of customer: _____

Address (for delivery): _____

Tel: () Other Tel: ()

Date of delivery: ____/____/____ Time of delivery: _____a.m or p.m.

Location at event to deliver: _____ Contact person: _____

Method of payment: (circle one) CASH CREDIT/DEBIT CHECK

All delivered catering **MUST** be paid for **5 days before delivery** in store.

Order Details:



TOTAL	\$
DEPOSIT (-)	\$
BALANCE DUE	\$

Inv #

The order details, customer information, total, and delivery location is correct as stated above:

Customer signature: _____ Date: ____/____/____