DeCicco Family Markets SPECIAL ORDER

Date order was placed: _		Employee: _	
FULL name of customer:			
Address (for delivery):			
Tel: ()		Other Tel: ()_	
Date of delivery:/	/Tim	ne 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:			
SE OF TO.			
TASTE OF TRADIA			
TASTE OF TRADIA			
DeCicco			
Family Magizata			
Family Markets			
SINCE 1913			
		TOTAL	\$
Inv #		DEPOSIT (-)	\$
The order details suctains	information total	BALANCE DUE	\$
The order details, customer information, total, and delivery location is correct as stated above:			

Customer signature: _____ Date: ____/ ____/