

ASAP? or Time? _____ Day/Date: _____

EatStreet Delivery? _____ Time Order placed: _____

Business Name or Home? _____

Address: _____

City: _____

Phone: _____

First & Last Name: _____

NOTE: \$0.15 charge per place setting (i.e. 20 x P/N/F/K = \$3.00)

Plates & Napkins # _____

Forks & Knives # _____

Total Due \$ _____ Rung In? Yes / No

Grand Total Due with TIP \$ _____



(715) 835-4100 ph. / (715) 835-9509 fax (CALL if faxing order!)

***Hospital /University /Clinic /Other Information:**

Department: _____ Door#/ Entrance: _____

Floor #: _____ Conference Rm #: _____

Special Instructions/ Directions: _____

CONTACT-FREE REQUESTED? YES or NO

Payment

- Cash (Change Needed? Yes/no \$ _____)
- By Invoice (must ask SS/manager & T/E?)
- Credit Card Gratuity amount \$ _____

Card # _____

EXP: _____ CVV: _____ Billing Zip : _____

****Ask ahead re: GRATUITY for ALL CC deliveries since contact-free****