

GoodOnYaDeli

"where you matter"

Company Name _____ Contact Name _____

Delivery address _____

Delivery/Pick up (circle one) Requested Time _____ Phone #: _____
(We will confirm with you if your time is available)

Date AND day of week _____ # of people serving _____

Do you need (no charge): (please circle) Plates Utensils Napkins Salad tongs (\$2.00)

CIRCLE ONE: HOUSE ACCOUNT CASH CHECK

CREDIT CARD: # _____ EXP DATE: _____ CV CODE _____

Billing ZIP CODE: _____ Billing STREET ADDRESS (# ONLY) _____

Catering Order Form (Lunch)

Items from Catering Menu. See regular deli menu online for more detailed descriptions.

Identify type and quantity of Items Ordered

Sandwiches _____
Wraps _____
Full Sized Salads _____
½ Sized Salads _____
Chips _____
Mixed Deserts _____
Regular Soda _____
Diet Soda _____
Water _____

Details

Wrap Individually _____ or Place on Tray _____

Toss Salads? _____

Tongs (\$2.00)? _____

Location

Meeting Start Time: _____

Requested Arrival Time: _____

Conf Room Name or Number: _____

We will call once we receive your fax. **If you don't hear from us that means we did not get your fax. Please call to confirm if you don't hear from us.** Please see deli menu online for details descriptions of menu items. We can make any changes you require and handle special requests. We will confirm details when we talk!