AllSpice Catering Fax Order Form

Fax # 703.524.4056 Pages Including This One_____

From:

Name:		Phone:	
Company:		Date Order is requested For:	
Email:		Pick Up or Delivery Time (allow 30 Minutes)	
Address:			

Cash		Time	
Check		Do you need the total?	
Charge		Do you need confirmation?	

Item	Quantity	Unit Price	Special Instructions