

ORDER FORM

THIS ORDER FORM MUST BE COMPLETED BY CUSTOMER
FOR ORDER TO BE PROCESSED

NAME: _____

DATE: _____

ADDRESS: _____

CITY, ST., ZIP: _____

PHONE NUMBER: _____

	<u>NUMBER</u>	<u>PAYMENT</u>
REG. MENU:	_____	_____
SPECIAL #1:	_____	_____
SPECIAL #2	_____	_____
SPECIAL #3	_____	_____

TOTAL AMOUNT DUE: _____

PAYMENT OF CASH, MONEY ORDER OR EBT ONLY
WE ACCEPT NO CHECKS