



112 W. Monroe

ORDER FORM

Simply fill out and fax to:
312-551-0463

Hours: M-F 10am to 3pm

<input type="checkbox"/> PICK-UP	<input type="checkbox"/> DELIVERY
<input type="checkbox"/> TODAY, ASAP	
<input type="checkbox"/> SPECIFIC TIME: at _____	
<input type="checkbox"/> FUTURE DATE: on _____	

NAME		PHONE
COMPANY	EMAIL	
ADDRESS (deliveries only)		SUITE

Rolls

QTY.	VARIETY (please circle one)										SERVING METHOD			MODIFICATIONS/NAME
	BBQ BRSKT	MEAT BALL	STEAK HOUSE	MOR LAMB	ROAST TURK	BUFF CHICK	WHITE FISH	SHRMP JAMBA	GRILL VEG	SPECIAL ROLL	HOUSE ROLL	PITA WRAP	SALAD BOWL	
	BBQ BRSKT	MEAT BALL	STEAK HOUSE	MOR LAMB	ROAST TURK	BUFF CHICK	WHITE FISH	SHRMP JAMBA	GRILL VEG	SPECIAL ROLL	HOUSE ROLL	PITA WRAP	SALAD BOWL	
	BBQ BRSKT	MEAT BALL	STEAK HOUSE	MOR LAMB	ROAST TURK	BUFF CHICK	WHITE FISH	SHRMP JAMBA	GRILL VEG	SPECIAL ROLL	HOUSE ROLL	PITA WRAP	SALAD BOWL	
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Sides (specify qty.)

	GRILLED VEGGIES	ISRAELI COUS COUS
MAC & CHEESE	DIXIE SLAW	CAJUN JAMBALAYA
CHEESY POTATOES	MIXED GREEN SALAD	SOUP OF THE DAY
STUFFING WITH GRAVY	CAESAR SALAD	BANANA BREAD PUDDING

Beverages (specify qty.)

COCA COLA
DIET COKE
SPRITE
SPRITE ZERO
FANTA
LA CROIX
BOTTLED WATER

METHOD OF PAYMENT

<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> HOUSE ACCT.
NAME ON CARD (if other)					
ACCOUNT #					
SPECIAL INSTRUCTIONS REGARDING ORDER:					EXP. DATE: /