EDIBLES ETC. FAX ORDER FOR DAY: _____ DATE: _____ /_____

SOLD TO:
Company Name
_____

Address _____
Suite:
_____
Zip
_____

Phone _____ x _____ FAX_____
Contact:

DELIVER TO:
Company Name
_____

Address_____
_____
FL Zip
_____
Room
_____
On Site Contact: On-site Phone:

E-mail: @

# Guests:	**Meal Service Time:**	**Pick Up or Delivery**	**Desired Delivery Time (30 Minute) Window: -**
			Buffet Hot/Cold Corp. Plates or Bags

Quantity	ITEMS Date and Time of Fax:
ICE:	**BEVERAGES:** **PAPER:**

VISA MC AMEX # _____

CHECK CASH NET 15 **Name:** **Expiration Date: /**

Return by Fax: 407.682.5326 www.ediblesetc.net 407.682.FOOD (3663)
285 West Central Parkway Suite No. 1724 Altamonte Springs, FL 32714