

After Faxing order to 314.621.6855,
please call 314.621.0010 to verify receipt!

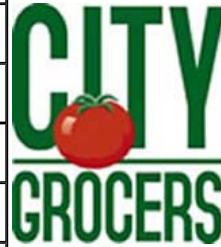
CATERING ORDER FORM
Box Lunches

(check one) DELIVERY or PICK-UP

Date: _____

Invoice #: _____

Company:	
Street Address:	
Suite / Floor:	
City, State, ZIP:	
Contact Name:	
Contact Phone:	
Cr. Card Name:	
Credit Card #:	
Cr. Card Exp. :	



920 Olive St.
St. Louis, MO 63101
PH: 314.621.0010
FAX: 314.621.6855
www.city-grocers.com

* Please refer to [Catering Fax Instructions](http://city-grocers.com) at city-grocers.com for more details.

* If Possible, please provide 24 hours' notice. Same-day orders are welcomed, subject to availability and time notice.
Please PRINT legibly...illegible orders are assumed to be braunschweiger & anchovies on onion loaf.

#	Person/Name	Sandwich or Salad Name	Drink?	Side Choice	Special Request?	Cost
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

(Use more pages if necessary) *9.741% times \$9.00=\$.88

Sub Total	
9.741% Sales Tx	
Delivery Fee	
Total	

As always, THANK YOU for letting City Grocers be of Service!