



372 STATE STREET  
 SALEM, OR 97301  
 503-378-7515 PH  
 503-378-7519 FAX

# SACK LUNCH ORDER FORM

THIS ORDER FORM IS FOR SACK LUNCHES ONLY. IF YOU WOULD LIKE TO PLACE AN ORDER FROM THE RESTAURANT MENU, PLEASE CALL US.

NAME	SANDWICH	SALAD OR CHIPS	COOKIE	BEVERAGE	COST

DELIVERY OR PICK-UP DATE: \_\_\_\_\_

DELIVERY OR PICK-UP TIME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

SUITE/OFFICE NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DELIVERY FEE\*

TOTAL COST

PAYMENT METHOD:  CASH  CHECK  VISA/MC  AMEX

CREDIT CARD NO: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\* DELIVERY COST BASED ON DISTANCE.