Catering By Mark DiFeo
ORDER FORM

Day/Date Needed	Person Count	Event	Deliver Time	Serve Time

Co. Name:	Event To Be Held At : OR Ship To:	Bill To:
Name:		
Add:		
City:		
Phone:		
Fax:		

Qty.	Description	Price	Amount
	DELIVERY & SET-UP		

SUB TOTAL:	
DEPOSIT:	
BAL. DUE:	