

**PUMPERNICK'S DELI**  
**FAX ORDER FORM**  
**Fax Number 215.393.5802**

All Catering orders must be placed with a minimum of 24 hours advanced notice. We will call you to confirm the order upon receiving this fax.

Your Name \_\_\_\_\_ Co. Name: \_\_\_\_\_

Your Phone # \_\_\_\_\_ Co. Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Information:  House Charge Acct. (Application Needed)  Company Check  Credit Card  Cash

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code: (3 or 4 Digit #) \_\_\_\_\_

(Please Securely Save my Billing Information For Future Ordering)

Please Deliver This Order On Date: \_\_\_\_\_ Time: \_\_\_\_\_ (Please allow 15 minutes leeway time)

Please Deliver This Order To: Company Name: \_\_\_\_\_

Address \_\_\_\_\_ Suite# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attention: \_\_\_\_\_ Phone \_\_\_\_\_

Number of People \_\_\_\_\_

Menu Details (Please order by the package number) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beverages \_\_\_\_\_

Dessert (2Lbs. Minimum/tray ) \_\_\_\_\_

Greeting or Sympathy Card: From: \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

Optional Tipping \_\_\_\_\_

Authorized Signature \_\_\_\_\_