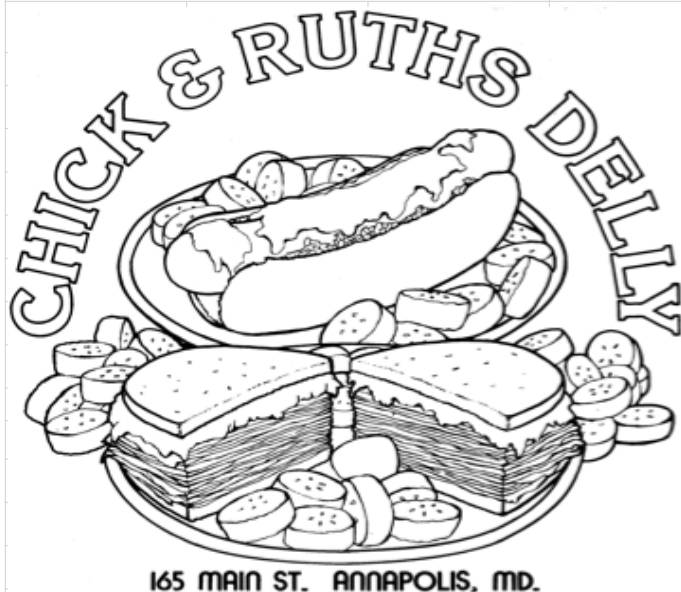


CATERING By:

CONTACT SHEET



Date of Event ___ / ___ / ___

Authorized Date ___ / ___ / ___

Authorized by _____

C&R emp. Excepting authorization _____

Quote _____ Todays Date ___ / ___ / ___

C&R emp. making Quote:

Time: _____ am or pm

Deliver _____ Or Pick up _____

Phone # (_____) - _____ - _____

Cell # (_____) - _____ - _____

Important: You must speak with us to confirm we received your e-mail or faxed form in order to confirm you order

Thanks Ted

- * 10 Person Minimum for all Trays
- * 48 Hr. Notice to Set up Delivery (less notice subject to availability)
- * Cancellations require 24 hours
- * Deliveries must be before 11:30 am or after 2:30 pm
- * Normally no deliveries on Sat. or Sun.
- * **All Deliveries must me confirmed by Ted**

Company Name _____

Customers Name _____

Billing Address: _____

City _____

State _____ Zip _____

Delivery Contact Person _____

Contact person Phone #

(_____) - _____ - _____ Ext. _____

Delivery address

Person Made Tray _____

Person did Set Ups _____

Persons Delivering _____

Directions _____

TOTAL BILL _____

DEL. CHARGE _____

TIP ADDED? _____

Important Notes: _____

FAX 410-269-6738

PH: 410-269-6737

E-mail tclmagic@mac.com

www.ChickandRuths.com

Payment Method (Always must have Credit Card number filled in)

Visa / Master Card / Check / OR CASH

_____/_____/_____/_____

Expiration Date ___ / ___

Name as appears on Card _____

HOUSE ACCOUNT PREVIOUS APPROVAL PER TED OR BETH

Chick & Ruth's Delly
165 Main Street
Annapolis, MD 21401
USA

TIPS ON CREDIT CARD MUST GO UNDER #1 SERVER & CASH TIPS

GO WITH WITH RECEIPTS/MONIES AND GET DEVIDED ONCE A MONTH