



Fax Order Form

Fax Number: 847- 844-1899

<input type="checkbox"/> Pick-Up	Pick-Up Time:
<input type="checkbox"/> Delivery	Delivery Time: Address:
<input type="checkbox"/> Dine-In	Dine-In Time:

For Pick-Up/Dine-In Orders payment info is not required

NAME	ORDER <small>(Please specify side item & drink choice if applicable)</small>	CREDIT CARD # <small>(if cash please write "Cash")</small>	EXP. DATE	STREET ADDRESS	ZIP CODE
				<small>(where Credit Card is billed - Number part of address only)</small>	

Contact Information:

Name: _____ Phone Number: _____ Page: _____ of: _____