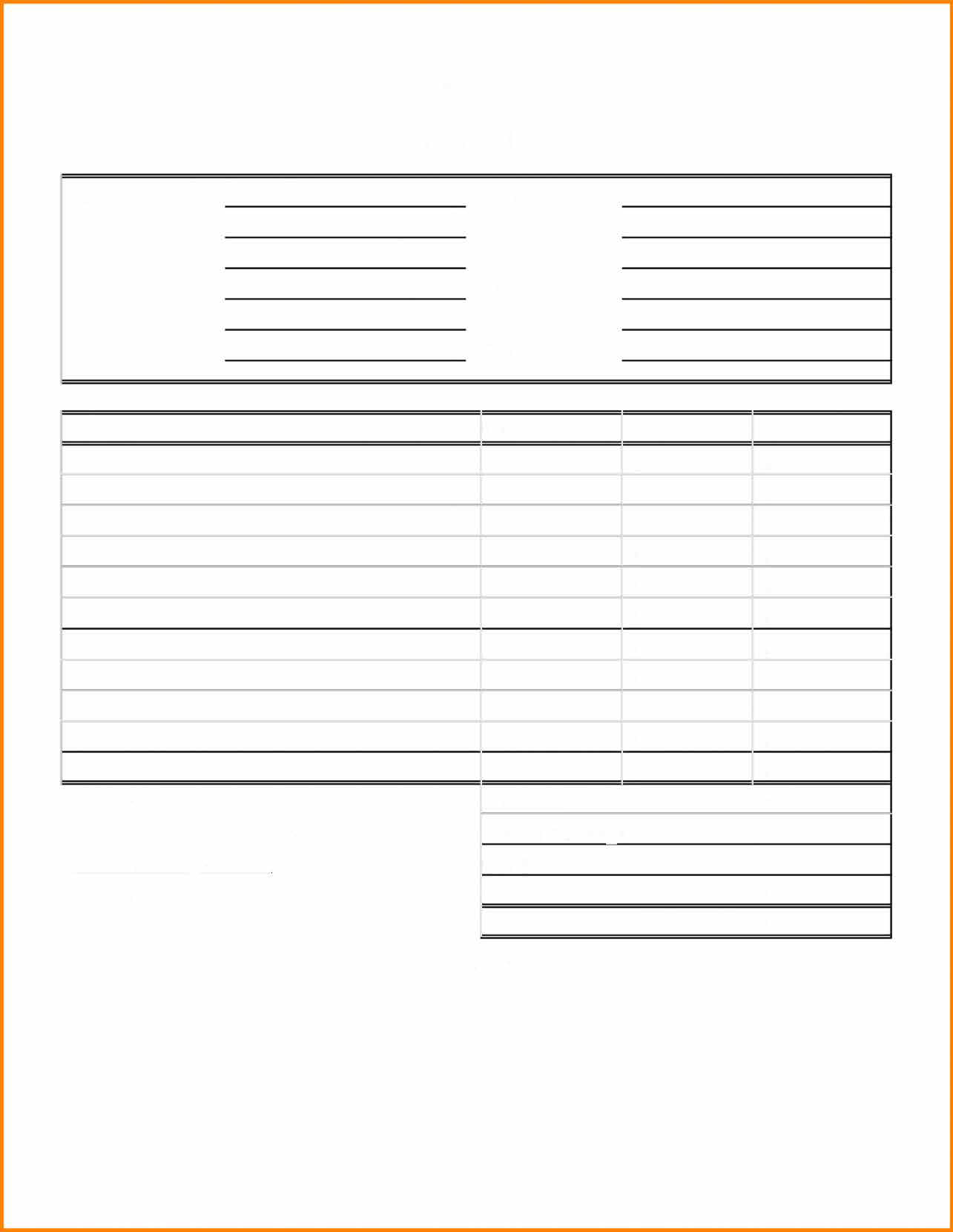
Chopstick Catering



**ORDER FORM**

**DATE REQUIRED**

Delivery Time Pick-up Time # of People Address

Apt Number

Customer Name

Business Name

Phone Number Account#

E-Mail Address

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **Price** |  |  |
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|  |  | |  |
| **Ordering Instruct ions:** | **Sub Total** | |  |  |
|  | |  |  |
| Complete and email order form to: | **Service Caterings** | |  |  |
| [michael.mcleod@ung.edu](mailto:michael.mcleod@ung.edu) | **Sales Tax 5%** | |  |  |
|  | **Delivery Fee 2%** | |  |  |
|  | **TOTAL DUE** | |  |  |