

**Expiration Date:** 

## Lift Coffee Shop & Café

218 W. Broad Street Richmond, VA 23220 <sup>804</sup>/344-LIFT <sup>804</sup>/344-4437 fax

mon-fri...7am-7pm • sat...7am-8pm • sun...8am-7pm

www.liftcoffeeshop.com

## **CATERING ORDER FORM Cover Sheet**

<b>INVOICE</b> # (for office use only):	*Delive	ry
Date:	Pick up	)
Company Name:		
Billing Address:		
Contact Name:	Phone Number:	
l am ordering: ☐ Coffee	(for office use	
Breakfast Platters Lunch Platters Boxed Lunches  Date Needed:	Item(s)	Cost
Time Needed:		
*Address of Delivery:		
*Directions:		
Form of Payment:	Subtotal	
☐ Bill my Account	Sales Tax (11%)	
☐ Company Check/ C.O.D. ☐ Credit Card	*Delivery Fee (\$10.00)	
	Gratuity	
Tax Exempt # (if applicable):  Credit Card Type:  Name on Card:	Total Due	
Number:		