

• Lunch Order Form •

Fax to: 601-362-4657, or email to: roomservicejackson@gmail.com

Pick up: Mon - Fri 9:30 am to 1:30 pm • **Delivery:** Mon - Fri 10:00 am to 1:00 pm

Circle One: DELIVERY / PICKUP **Today or Future Date:** _____ **Delivery/PU Time:** _____

Name: _____ **Phone:** (____) ____ - _____

Address (if delivery): _____

Circle Form of PAYMENT: Credit Card / Check / Cash / Invoice **NOTE:** Single Order Delivery Add \$1.00

CC#: _____ - _____ - _____ - _____ **Exp Date:** _____ **Tip:** _____ **TOTAL:** _____

PLEASE TIP YOUR DRIVER GENEROUSLY

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