

Room Service **JACKSON** Fax 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

CC#: _____ – _____ – _____ – _____ **CVV (3-digit code):** _____ **Exp Date:** ____ / ____

Tip: \$ _____ **TOTAL:** \$ _____ **(NOTE: Add \$1.00 for single order delivery)**

1.
2.
3.
4.
5.
6.
7.
8.

PLEASE TIP YOUR DRIVER GENEROUSLY