BUSINESS ORDER FORM

Business Name:	Address:			
Contact:				
Phone:				
	Order Form			
Name		# of Meals (\$10/ea)	Total Cost	
	fm			
	1			
	Midway Baptist Church			
DS	Midway Baptist Charen	EV		
Delivery Time (must be between11-2):	Tota	l Meals: Tota	al:	
Signature of responsible party:		Date:		