

Rick's On Second
619 W Second St. Antioch, Ca 94509

Business Lunch Menu / Fax Order
24 Hours Notice Requested

FAX TO: (925) 757-3876
PHONE: (925) 757-5500

Company Name: _____ Your Name: _____

Delivery Date: _____ Delivery Time: _____ Phone: _____ Fax: _____

Delivery Location: _____ Meeting: _____

Number of Meals: _____ Payment Method (Credit Card / Cost Center / Purchase Order) _____

Billing Information: Bill Us: _____ P.O.# / Cost Center: _____ Cash/Check At Delivery: _____

Payment: Credit Card # _____ Expires: ____ / ____

***CVV on back _____

***Credit Card Bill To Zip Code _____

FOR INDIVIDUAL ORDERS—PLEASE USE OUR RESTAURANT MENU & ORDER FORM
CHECK ONE CHOICE FROM THE SELECTION BELOW (Buffet Style except Box Lunches)

COMMENTS / REQUESTS: _____

RESTAURANT TO COMPLETE INFORMATION BELOW

CUSTOMER TO COMPLETE INFORMATION BELOW

ITEM

___ **BOX LUNCHES** With Carrots, Fruit, 2 Cookies & Chips

___ **ASSORTED COLD SANDWICH BUFFET**
 With Relish Tray, Fruit, 2 Cookies
 CHOICE OF: ___ CHIPS ___ TOSSED GREEN SALAD
 ___ MACARONI SALAD (Min 10) ___ POTATO SALAD (Min 10)

___ **HOT ENTREES** With Relish Tray, Green Salad, 2 Cookies
 ___ LASAGNA
 CHOICE OF: ___ GARLIC BREAD ___ BREAD & BUTTER

___ **ENTRÉE SALADS** With Carrots, Fruit, 2 Cookies
 ___ # CAESAR WITH CHICKEN
 ___ # CHEF SALAD
 ___ # SHRIMP LOUIS
 ___ # PASTA SALAD W/CHICKEN
 CHOICE OF: ___ GARLIC BREAD ___ BREAD & BUTTER

___ **BEVERAGES**
 ___ #Diet ___ #Regular ___ # Mineral Water ___ # Plain Water

ADDITIONAL REQUEST: _____
 ADDITIONAL REQUEST: _____

<u>QTY</u>	<u>PRICE</u>	<u>TAX</u>	<u>COST</u>
_____	\$11.75	_____	_____
_____	\$12.25	_____	_____
_____	\$12.25	T	_____
_____	\$12.00	_____	_____
_____	\$2.00	T	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:	_____	_____	_____
SALES TAX:	_____	_____	_____
SUBTOTAL:	_____	_____	_____
DELIVERY CHARGE:	_____	_____	_____
INVOICE TOTAL:	_____	_____	_____

Your Order Is Confirmed By:

Date: _____

Date: _____
THIS IS YOUR INVOICE
 Please Obtain An Authorized Signature And Return By Fax.
 Thank you.

CUSTOMER AUTHORIZED SIGNATURE:

Date Paid: _____

INVOICE # : _____ **P.O. #** _____ **INVOICE DATE:** _____