Milwaukee WaterFront Deli
220-9300

Deli Delivery Orders

Date Needed _____
Time _____
Pick-up _____
Delivery _____

Company Name : _____
Company Address:_____
Floor # : _____
Company Phone # : _____
Name of person placing order : _____
Phone #, if different from above : _____

Payment type: check credit card house charge cash (circle one)

Credit card type: _____
Credit card # : _____
Expiration Date : _____

Deli Order : Utensils: Yes No How many_____