CAPITAL AREA FOOD BANK OF TEXAS

# FAX SHOPPING FORM

NAME OF AGENCY:_____ AGENCY ACCOUNT # :_____

PERSON PLACING ORDER:_____ PHONE #:_____

DAY OF PICKUP:_____ CITY:_____ TIME:_____

| ITEM # | DESCRIPTION | QUANTITY (CASES) |
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## REMEMBER:

- If items are not in stock, OK to Substitute with like items (please check one) ☐ Yes ☐ No
- Items ordered are subject to availability.
- Call Cissy Traynor at (512)684-2150 to verify that we received your fax.
- All orders must be received by 9 am two days prior to delivery or pick up, but no earlier than three days prior.
- Failure to completely fill out this form will cause your order to be delayed.
- All agencies are encouraged to web order - contact Agency Relations for more information.

**Signed for agency:**_____

Page_____ of _____ **FAX TO : (512) 233-6130**