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)

REMEMBER:

- Items ordered are subject to availability.
- Call Rachel Hawkye 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: _____

FAX TO : (512) 233-6130 or (512) 282-6606