CAPITAL AREA FOOD BANK

FAX SHOPPING FORM

FAILURE TO COMPLETE THIS SECTION MAY CAUSE YOUR ORDER TO BE DELAYED

NAME OF AGENCY:_____ **AGENCY ACCOUNT NO.:**_____
PERSON PLACING ORDER:_____ **PHONE NO.:**_____
DAY OF PICK-UP:_____ **LOCATION**_____**TIME OF PICK-UP:**_____

ITEM #	DESCRIPTION	QUANTITY (CASES)

REMEMBER: Items ordered are subject to availability.

Please call the office at 512.684.2150 to verify that we received your fax.

Always order from a current shopping list as items *are* subject to *availability*.

Signed for agency:_____

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