

SID'S SUPER SUBMARINES, INC-BUSINESS FAX ORDER FORM- FAX # 814-765-9803

Sheet 1 of _____ Printable Menu & Fax order forms available at www.sidssupersubs.com

Company Name _____, Contact Name _____, Phone # _____ Fax # _____

*Please place order 1 hour before requested time. If we don't call in 10 min.to confirm order, call us.

Requested Time: _____AM _____PM- Order is for (circle): Pick-Up, Delivery (11am-2pm), Eat-In

Special Instructions as to payment, delivery, pick-up, etc. _____

*Write in or circle items, toppings & sizes. Circle anything after the "NO→" for toppings you want deleted.

**Please put Salad orders together on one sheet and Sub orders on a separate sheet.

Person's Name	Size	Item name (Sub, Salad, etc)	Baked or Cold (Subs)	Cheese Type (Subs)	Toppings Subs ↓	Toppings Salads ↓	Fries, Soups, Appetizers, Drinks Special Instructions
Special Instructions:	1/2 Whl 18"	SUB:	BAKED COLD Special Instructions:	PROV SWISS AMER H PEP MOZZ	Mayo Msrooms GrPep Oil Swt Pep Pep Rings Onions Pickles Tom Sauce Hot Pep Jal Pep Blk Olives <u>NO→ Tom, Lettuce, Cheese</u>	Onions Msrooms Croutons <u>NO→ Gr Pep Tom Hot Pep</u> <u>Cheese Cukes Olives Fries</u> DRESSING:	FRIES: SM LG JUMBO TYPE _____ w CHS DRINK: APPETIZER/SOUP/OTHER:
	SM LG	SALAD: Chicken Steak Spinch Gdn					
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