COLORE
ITALIAN RESTAURANT & PIZZERIA

FAX ORDER FORM

2700 S Broadway, Englewood, 80113 · 303/761- 4332 PH · 303/761-4338 FAX

PLEASE ***CALL US*** TO CONFIRM THAT we have received your faxed order!

MY NAME IS _____ MY PHONE NUMBER IS _____

I WOULD LIKE THIS ORDER DELIVERED_____ I WOULD LIKE TO PICK UP THIS ORDER _____

PLEASE DELIVER MY ORDER ON _____[DATE]

PLEASE DELIVER MY ORDER AT _____[AM/PM]

PLEASE DELIVER MY ORDER TO _____ [COMPANY]

_____[LOCATION]

_____[LOCATION]

NAME	ITEM	NAME	ITEM