



Food Preparation & Labor Order Form

Please complete both sides of this form.

Show/Event Name:		
Company Name:	Booth Number:	
Street Address:		
City, State, Zip Code:		
Business Number:	Fax Number:	Email Address:
On-Site Contact:	On-Site Contact Cell Number:	

<p><u>PLEASE SEND ALL CORRESPONDENCE TO:</u> ARAMARK Sales Department Phone: 702-943-6910 Fax: 702-943-6911</p> <p><u>GENERAL FOOD SHOW INFORMATION:</u></p> <ul style="list-style-type: none"> • ARAMARK will not accept any product until this paperwork has been submitted and approved. • Please submit food sample authorization form along with this order form. • Be sure to have a tracking number or something that will link you to your boxes in the event they are missing • Contact your sales manager if you require a supply list. • Storage, delivery and preparation is subject to availability. 	<p><u>SHIP ALL PRODUCTS TO:</u> ARAMARK Las Vegas Convention Center Door 3 c/o Your Sales Manager 3150 Paradise Road Las Vegas, NV 89109 <i>Receiving Hours 8:00 am – 4:00 pm ONLY</i></p> <p><u>CLIENT TO LABEL EACH BOX AS FOLLOWS:</u></p> <ul style="list-style-type: none"> • Dry, Frozen or Refrigerated Storage • Contents of each box • How many boxes are in the shipment i.e. 1 of 8 • Company Name, Show and Booth Number
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<p>PAYMENT INFORMATION Total Charges from Back Side of this Form NOTE: Full payment must be received with your order.</p>	<p>TOTAL COST:</p> <p>Storage: _____</p> <p>Delivery: _____</p> <p>Labor: _____</p> <p>Ice: _____</p> <p>Sub-Total: _____</p> <p>19% Administrative Fee: _____</p> <p>8.1% Sales Tax: _____</p> <p>Grand Total: _____</p>
<p>COMPANY CHECK: _____</p> <p>AMEX/VISA/MASTER CARD Number: _____ Exp. Date: _____</p> <p>Cardholders Name: _____</p> <p>Cardholder Signature: _____</p>	

