

SAVOR...

Jacksonville

Exhibitor Menu / Order Form

<u>Items By The Dozen</u>	<u>Price</u>	<u>Total Price</u>
Fruit Danish	\$45.00	_____
Jumbo Muffins	\$40.00	_____
Mini Muffins	\$32.00	_____
Croissant	\$45.00	_____
Bagels & Cream Cheese	\$46.50	_____
Assorted Yogurts	\$30.00	_____
Fresh Whole Fruit	\$28.00	_____
Breakfast Breads	\$28.00	_____
Jimmy Dean Sandwiches	\$48.00	_____
Granola Bars	\$28.00	_____
Assorted Cookies	\$38.00	_____
Chocolate Brownies	\$39.00	_____
Candy Bars	\$40.00	_____
Lemon Squares	\$39.00	_____
Dougnuts	\$45.00	_____
Blondies	\$36.00	_____
Scones	\$39.00	_____
<u>Beverages By The Gallon</u>		
Regular Coffee	\$45.00	_____
Decaf Coffee	\$45.00	_____
Hot Tea	\$40.00	_____
Sweet Iced Tea	\$35.00	_____
Unsweet Iced Tea	\$35.00	_____
Lemonade	\$34.00	_____
Infused Water Station	\$28.00	_____
Iced Water (5 gallons)	\$35.00	_____
<u>Per Serving Beverages</u>		
Dasani Bottled Water	\$4.00	_____
Powerade	\$4.00	_____
Bottled Juice	\$3.00	_____
Assorted Coca Cola Soda	\$3.00	_____
Monster Energy Drinks	\$5.00	_____

All items are subject to a 7% sales tax and a 21% service charge

Name of Exhibition or Show: _____

Exhibitor Company: _____ Booth Number: _____

Site Contact: _____ Site Cell: _____

Date of Show Needs: _____

Delivery Times of Items Per Day: _____

Please Submit all Exhibitor Food & Beverage Orders to:
Lindsey Tucker, Catering Sales Manager
ltucker@savorjax.com

Event Name: _____

Event Date: _____

SAVOR... Jacksonville

CREDIT CARD AUTHORIZATION REQUEST FORM

TO GUARANTEE YOUR ORDER PLEASE COMPLETE THE REQUESTED INFORMATION
AND FAX TO US AT 904-854-6669

Please note that food orders cannot be accepted if the form is not completed in its entirety.

Organization Name: _____ Date: _____

Contact Name: _____

Mailing Address: _____

Telephone Number for Card Holder: _____

Cell Phone Number: _____ Fax Number: _____

Credit Card (check type of card): Visa _____ M/C _____ AmEx _____ Discover _____

Account Number: _____ Exp. Date: _____ (3-4) Digit On Back _____

Card Holder's Name: _____

Card Holder's Billing Address: _____

Full payment is required on all catering orders in advance. Payment can be made by check, money order, or credit card. Credit card authorization form is required on file for additional charges. All charges will be billed to this credit card unless otherwise notified in writing.

Card Holder's Signature _____ Date: _____

Accounting Department Use Only

Total Estimated Charges: _____

Deposit Charged: _____ Date Authorized: _____

Remaining Balance Charged: _____ Date Authorized: _____

Other Charged: _____ Date Authorized: _____