

Alcohol Beverage Services  
EMAIL/ FAX ORDER FORM

**PAGE: OF:**

LICENSEE NAME:

LICENSEE ACCOUNT NUMBER:

LICENSEE FAX NUMBER OR EMAIL ADDRESS: DATE ORDERED:

|  |  |
| --- | --- |
| **FOR DELIVERY:** |  |
| **FOR PICK-UP:** |  |

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| **ITEM NUMBER** | **QUANTITY** | **DESCRIPTION OF ITEM** | **COMMENTS** |
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|  | **KEGS** | **BEER** | **LIQUOR/WINE** |
| **ACTUAL TOTAL** |  |  |  |

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| --- | --- |
| **ABS COMMUNICATION CENTER PHONE:** | **240-777-1900** |
| **ABS COMMUNICATION CENTER FAX:** | **240-777-1909** |
| **PROCESSED BY:** |  |
| **DATE PROCESSED:** |  |