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LICENSEE NAME:

## **DEPARTMENT OF LIQUOR CONTROL - FAX ORDER FORM**

LICENSEE ACCOUNT NUMBER:				
LICENSEE FAX NUMBER O	R EMAIL ADI	DRESS:		
DATE ORDERED:				
EOD DELIVEDY				
FOR DELIVERY: FOR PICK-UP:				
FUR PICK-UP:				
PRODUCT CODE NUMBER:	QUANTITY	DESCRIPTION OF ITEM	OPERATOR COMMENTS	
	KEGS	BEER	LIQUOR/WINE	
ACTUAL TOTAL				
DLC ORDER DEPT. PHONE DLC ORDER DEPT FAX:		240-777-1901 240-777-1909		
PROCESSED BY:				
DATE PROCESSED:				