| PAGE: | OF: |
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| FAGE. | 01. |



Alcohol Beverage Services - FAX ORDER FORM

LICENSEE NAME:

| LICENSEE ACCOUNT NUMBER: | | | | |
|--|----------|---------------------|--------------------|--|
| LICENSEE FAX NUMBER OR EMAIL ADDRESS : | | | | |
| DATE ORDERED: | | | | |
| | | 1 | | |
| FOR DELIVERY: | | | | |
| FOR PICK-UP: | | | | |
| PRODUCT CODE NUMBER: | QUANTITY | DESCRIPTION OF ITEM | OPERATOR COMMENTS | |
| THOUGHT GODE NOMBER. | QOARTITI | BESSIII NOVOI TIEM | OF ENATOR COMMENTS | |
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| | KEGS | BEER | LIQUOR/WINE | |
| ACTUAL TOTAL | REGO | SEE1: | LIQUOID WINE | |
| ABS ORDER DEPT. PHONE: 240-777-1901 ABS ORDER DEPT FAX: 240-777-1909 | | | | |
| PROCESSED BY: | | | | |
| DATE PROCESSED: | | | | |
| | | | | |