



MENU MAGAZINE BULK REQUEST FORM

PLEASE FAX TO: 303-825-0260, ATTN: JOE WEAD

Contact Name: _____

Company Name: _____

Address: _____

Address: _____

City, State & Zip Code: _____

Number of magazines
requested: _____

Comments: _____

Thank you for your order!
If you would like to verify receipt of this form, please call us at 303-534-8646.