



Catering Order Form

Billing Info:

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____ Cell: _____

Delivery Info:

Address: _____

On-site Contact: _____

Phone: _____

Event Details

Date: _____ Pick-Up Time: _____ Delivery Time: _____

Service Type: _____

Special Instructions: _____

| Qty | Description |
|-------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please charge to the following credit card:

Name on Card _____

Card # _____

Exp. Date _____

Signature Approval: _____

Please fax completed order forms to 905.417.0033