

Catering Request

24-Hours Advance Notice Required on All Catering Orders
Please sign this request and fax to our office.
Questions? Please call us.



Order Information Company Name _____ Contact Name _____ Address _____ City, State, ZIP _____ Credit Card No. ____ ____ ____ ____ Exp. ____ ____ Phone (____) ____ - ____ Fax (____) ____ - ____ Email Address _____	Event Date _____ Location _____ <input type="checkbox"/> DCTC <input type="checkbox"/> PROC
	Type <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Break Setup <input type="checkbox"/> Standard <input type="checkbox"/> China Number of Guests _____
	Service Information Delivery Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Pickup Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Quantity	Item Name Description	Package	Platter
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions/Comments

Send e-mail confirmation

On-Site Contact _____
Required if different from contact name listed above

10% Administrative charge on all orders, not intended to be a tip, gratuity or service charge for the benefit of employees