

# ANN'S CATERING ORDER REQUEST FORM

2922 Domingo Avenue, Berkeley, CA 94705 • Phone: 510-649-0869 • E-mail: randacatering@sbcglobal.net

**FAX YOUR COMPLETED FORM TO 510-649-8568.**

**IF YOU DO NOT RECEIVE A FAXED OR EMAILED CONFIRMATION, YOUR ORDER IS NOT CONFIRMED.**

|                               |               |                  |
|-------------------------------|---------------|------------------|
| Customer Name:                |               | Today's Date:    |
| Company / Institution / Dept: | Phone:        | Event Day Phone: |
| Delivery Address:             | Fax / E-mail: |                  |

(Include nearest cross street, access challenges, stairs, etc.)

| EVENT DAY & DATE |      | REQUESTED HALF-HOUR DELIVERY WINDOW<br>-OR- PICK UP TIME                                                         | EVENT START TIME |             |
|------------------|------|------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| Quantity         | Size | Platter Description<br><small>(Please use the names of the platters as they appear on our catering menu)</small> | Unit Price       | Total Price |
|                  |      |                                                                                                                  |                  |             |
|                  |      |                                                                                                                  |                  |             |
|                  |      |                                                                                                                  |                  |             |
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|                  |      |                                                                                                                  |                  |             |
|                  |      | single service items?<br><small>(plates, eating utensils, serving utensils &amp; napkins)</small>                | \$1              |             |

:: We require a credit card number to hold your order ::

↓ FOR OFFICE USE ONLY ↓

|                                                                                                                                                                                                                                 |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| CC #<br>Expiration Date:<br>Security Code:<br>Billing Zip:<br>I would like to pay by: <b>CASH</b> <input type="checkbox"/> <b>CHECK</b> <input type="checkbox"/> <b>CREDIT CARD</b> <input type="checkbox"/> (please check one) | Delivery Charge:<br>Subtotal:<br><b>TOTAL DUE:</b> |
| For established corporate / institutional customers only: <b>INVOICE ME</b> <input type="checkbox"/>                                                                                                                            |                                                    |