CATERING ORDER FORM

Please send order form to cravingscafe@westnet.com.au

Date required	/ / 2021		
Time(s) required	1.	2.	3.
Company Name			
Contact Person			
Phone Number			
Email			
Delivery address			

Payment:

Card Type	**Visa MasterCard** (please circle)
Card number	/ / /
Expiry /	
CVV (3 digit)	

FOOD ITEM (Please specify regular or large platter)	**QTY REG**	**QTY LRG**	**PRICE**
TOTAL			
Special dietary requirements:			