**CRAVINGS CAFÉ**

**CATERING ORDER FORM**

Please send order form to: [cravingscafe@westnet.com.au](mailto:cravingscafe@westnet.com.au)

|  |  |  |
| --- | --- | --- |
| Date | / /2017 | |
| Time required | 1. | 2. | | 3. |
| Company |  | | | | |
| Contact name |  | | | | |
| Number |  | | | | |
| Email |  | | | | |
| Delivery address |  | | | | |

Payment:

|  |  |
| --- | --- |
| Card Type Visa MasterCard (please circle) | |
| Card number / / / | |
| Expiry / |

|  |  |  |  |
| --- | --- | --- | --- |
| FOOD ITEM (Please specify regular or large platter) | Qty Reg | Qty Lrg | PRICE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL |  |  |  |
| Special requirements: |  |  |  |