**CRAVINGS CAFÉ**

**CATERING ORDER FORM**

Please send order form to: 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 / |

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