



**CITY SOUPS**

**PLEASE FAX THE COMPLETED FORM TO (206) 386-8074**

**Attn: Karyn Emery**

# CATERING ORDER FORM

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Loading Dock Directions: \_\_\_\_\_

Electrical Plugs Available?  Yes  No (For Soup Kettles)

DATE OF EVENT: \_\_\_\_\_

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

NUMBER OF GUESTS: \_\_\_\_\_

## **PRODUCTS TO ORDER**

Varieties:	_____	Kettle Size ( <i>circle</i> )
(Soup/Stew/Chili)	_____	1/2 <input type="checkbox"/> F
	_____	1/2 <input type="checkbox"/> F
	_____	1/2 <input type="checkbox"/> F
	_____	1/2 <input type="checkbox"/> F

Caesar Salad: \_\_\_\_\_ Buffet Bowls

Bread Selection:

Italian Ciabatta Qty: \_\_\_\_\_

Cornbread Qty: \_\_\_\_\_

Cookies – Asst.: Qty: \_\_\_\_\_

Canned Soda:

Asst. or specify Qty: \_\_\_\_\_

Other Requests: \_\_\_\_\_

## **PAYMENT INFORMATION**

\_\_\_\_ Visa/MC/Amex #: \_\_\_\_\_ Exp: \_\_\_\_\_

\_\_\_\_ Check                      \*We will fax you a copy of the invoice prior to delivery.

***48 HOURS NOTICE APPRECIATED***