

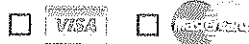
# PLAZA CAFE

(CATERING ORDER FORM)

Order Date: \_\_\_\_\_  
Company: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Department: \_\_\_\_\_  
Cost Center # or  
Title of Meeting: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Delivery Date: \_\_\_\_\_  
Delivery Time: \_\_\_\_\_  
Delivery Location:  
(room &/or floor) \_\_\_\_\_

Menu: \_\_\_\_\_

Payment Method:  Credit Card  Cash  Check



Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Additional Info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLAZA CAFE

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Pasadena, CA 91101  
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