

PLAZA CAFE

(CATERING ORDER FORM)

Order Date: _____

Company: _____

Account #: _____

Contact Person: _____

Department: _____

Cost Center # or
Title of Meeting: _____

Phone Number: _____

Fax Number: _____

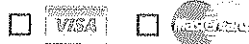
Delivery Date: _____

Delivery Time: _____

Delivery Location:
(room &/or floor) _____

Menu:

Payment Method: Credit Card Cash Check



Credit Card #: _____

Expiration Date: _____ Signature: _____

Additional Info: _____

PLAZA CAFE

Corporate Center Pasadena
251 S. Lake Ave. #170
Pasadena, CA 91101
TEL. 626.229.0797
FAX. 626.229.0749

