



## **Corporate Delivery Order Form**

*(Make copies of this form for your use)*

**Fax to (510) 865-1106**

**Company Name:** \_\_\_\_\_

**Billing Address (include zip code):** \_\_\_\_\_

\_\_\_\_\_

**All orders must be placed by 12:00 p.m. two days prior to your event for lunch, afternoon snack, and hors d'oeuvres deliveries, and 12:00 pm the day before any breakfast deliveries. Billings are on a net 15 and a late charge will apply after 15 days.**

**Date of Function:** \_\_\_\_\_ **Number of guests:** \_\_\_\_\_

**Day of Function:** \_\_\_\_\_

**Bill to Department:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Fax:** \_\_\_\_\_

**Function Location Address:** \_\_\_\_\_

**Building #** \_\_\_\_\_ **Floor #** \_\_\_\_\_ **Room Name or #** \_\_\_\_\_

**Time you would like your order to be setup by:**

**Breakfast:** \_\_\_\_\_ **Lunch:** \_\_\_\_\_ **Snack:** \_\_\_\_\_

**Please select time that we can break down our set up (Circle one):**

*Between 2:00pm – 3:00pm same day | Next Day*

**- Menu -**

**Please Circle:**

**Breakfast:** *Continental | Hot Breakfast Buffet | Brunch | À La Carte Items only*

**Breakfast Number and/or Menu Items Selected** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Circle:**

**Lunch:** *Pre-made Sandwich Buffet | Make Your Own Sandwich Buffet | Box Lunch*

*Pre-Made Salad | Hot Lunch Buffet*

**Two Salad Selections:** \_\_\_\_\_

**Menu Item Selections:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Snack or Hors d'Oeuvres Order:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Beverages Needed** *(All breakfast deliveries include French Roast and Decaf. Coffee. There is no need to mark it again)*

**Please Circle:** *Non-alcoholic Assortment | French Roast Coffee*

*Decaf. Coffee | Hot Tea*

**Amount of Required Beverages** \_\_\_\_\_

**I want to list exactly what and how many I want**

*Classic Coke:* \_\_\_\_\_ *Diet Coke:* \_\_\_\_\_ *Ginger Ale:* \_\_\_\_\_ *Root Beer:* \_\_\_\_\_

*Diet Dr. Pepper:* \_\_\_\_\_ *Snapple Drinks:* \_\_\_\_\_ *Izze Assorted Sparkling Juices:* \_\_\_\_\_

*Bottled Water:* \_\_\_\_\_

**Payment (Circle One):** *Bill to Company Account | Credit Card*

**Type of Credit Card (Circle One):** *Visa | Mastercard | American Express*

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Signature of Person placing this order:**

\_\_\_\_\_

**Signature from grand catering confirming order:**

\_\_\_\_\_

YOUR ORDER IS NOT CONFIRMED UNTIL YOU RECEIVE A SIGNATURE AND FAX BACK FROM GRAND CATERING. PLEASE CALL IF YOU HAVE ANY QUESTIONS OR IF YOU ARE HAVING PROBLEMS FAXING.

*We appreciate your business!*