Rosa's Catering Order Form

57 North Colony ST Wallingford, CT 06492

Name:_____

Date of Event:_____

Time:_____ AM/PM **HOT or COLD**

Number of Guests:_____

Contact Phone:_____

Tax Exempt: YES / NO If yes, have email copy of Tax Exempt certificate to **ordering@rosas.catering**

Delivery: YES / NO

If yes, continue on back after taken order

QYT / SIZE	***ITEM***
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Delivery Address:_____

_____

Office / House / Complex / Apartment / Warehouse

Elevator Access if more than one floor: YES / NO

Where should delivery vechicle park:_____

Additional Information:_____

_____

Tableware: YES / NO _____

Service Rentals: YES / NO _____

Delivery Option: Drop-Off only / Set-Up / Return

Special Notes/Instructions:_____

_____

_____

Paid: YES / NO

Sub Total: $_____
Delivery: $_____
Gratuity: $_____
Rentals: $_____
Tableware: $_____
CT Tax 6.35% $_____
Total: $_____

Billing: (Orders over $500 and/or with rentals)

Cash / Check / Credit Card

Visa Mastercard American Express Discover

Name on Card:_____

Card #_____

Experation:_____ Secuirty Code:_____

Billing Address_____

I have read, understood, and agree to all terms with Rosa's Catering policy