

SAZÓN

Office Initials: _____

CATERING AUTHORIZATION FORM

Patron Name: _____

Primary Phone Number: _____ Email Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover

Credit Card Name: _____

Credit Card Number: _____

Exp: _____

CVC (Security Code): _____

Catering Event Date: _____ **Event Time:** _____ **Amount of guests:** _____

PICK UP: I Hereby Authorize _____ **To Pick Up My Catering Order On** _____ **at** _____ **AM/PM**

DELIVERY: I Am Requesting A Delivery For My Catering Order. I understand there is a \$40 Fee for Deliveries within the Tribeca District and an Additional \$10 for Every Mile Outside of the Tribeca area.

Time of Delivery: _____

Contact Number: _____

Address of Delivery: _____

Special Instructions: _____

Agreed Delivery Price: _____

Please Note Any Special Requests and You Will Be Contacted In Regards to Pricing:

SIGNATURE: _____ DATE: _____

FULL GUARANTEES ARE REQUIRED IN ADVANCE FOR ALL ORDERS AND ARE NON REFUNDABLE