

CLEMENTINE CORPORATE CATERING ORDER FORM

COMPANY NAME:	PHONE:	TODAY'S DATE:
CONTACT NAME (FIRST AND LAST):	EMAIL ADDRESS:	
CONTACT FOR DAY OF DELIVERY (IF DIFFERENT) AND PHONE NUMBER:		
DELIVERY ADDRESS (STREET, CITY, ZIP):		
CREDIT CARD #:		EXP:
BILLING ADDRESS (IF DIFFERENT):		

QUANTITY	MENU ITEM	SANDWICH/SALAD CHOICES SPECIAL REQUESTS

NOTES/GENERAL REQUESTS: DO YOU NEED PLATES AND UTENSILS? _____ (\$0.75/PERSON) IF SO, FOR HOW MANY? _____	OFFICE USE: DATE CONFIRMED: _____ BY: _____ ORDER NUMBER: _____	DAY AND DATE: DELIVERY - OR - PICK-UP (CIRCLE ONE) DELIVERY TIME REQUESTED: BETWEEN _____ AND _____ <i>(PLEASE GIVE AT LEAST A 30-MINUTE WINDOW)</i> MEETING TIME: _____
PHONE 310.552.1080 EXT. 5 FAX 310.552.4774 EMAIL CATERING@CLEMENTINEONLINE.COM OUR CATERING TEAM IS AVAILABLE MONDAY-FRIDAY FROM 7AM-5PM AND SATURDAY FROM 9AM-3PM TO ASSIST YOU WITH ANY QUESTIONS YOU MAY HAVE. THIS ORDER IS NOT CONFIRMED UNTIL YOU RECEIVE A CALL FROM OUR CATERING TEAM.		