FAX ORDER FORM
5 STAR CATERING LTD.
PH: 604-574-0411 FAX: 604-574-3557

COMPANY NAME _____
REPRESENTATIVE _____
PHONE # _____ FAX # _____
MAILING ADDRESS OF EVENT _____
DATE OF EVENT _____
TIME OF PICK-UP _____ OR DELIVERY _____
ADDRESS TO BE DELIVERED TO _____
GUESTS EXPECTED: _____

QUANTITIY	SIZE	MENU ITEM	PRICE	TOTAL
			@ $	=
			@ $	=
			@ $	=
			@ $	=
			@ $	=
			@ $	=
			@ $	=
			@ $	=
			@ $	=

DELIVERY CHARGE (If Applicable) _____
SUB TOTAL _____
GST (5% - #140264359) _____
SUGGESTED GRATUITY (15% on food portion) _____
TOTAL _____

PAYMENT METHOD CHEQUE___ CASH___ VISA ___ M/C ___
CARD # _____
SIGNATURE _____
EXPIRY DATE _____
AMOUNT _____

ADDITIONAL INFORMATION _____
_____
_____

AUTHORIZED SIGNATURE_____ DATE _____

Subject to 15% gratuity – Subject to applicable taxes