Order Form





Company Name:		Contact Name:	
Phone Number:	Fax:	Email:	
Delivery Date:	Serve Time:	[NOT arrival time – we will specify delivery] # of G window when order is confirmed	Guests:
Delivery Address:		City:	
Floor and/or Room Number/Nam	e: Location Name (if	other than company name above):	
Onsite Contact (if other than self)):	& Phone Number:	
Is there elevator access? yes	no Where should the delivery vehicle	park?	
BUFFET PRESENTATION STYLE:	Check One: Black Disposable Go Gr	eener Option (requires pickup)	
If ordering hot items please check	one: No Chafers Disposable Chaf	ers @ 10.00 each Standard Chafers @ 10.00 each (require	es pickup)
PLATES, etc: Compostable v	vare black plastic (no extra charge)	China, Stainless, Linen Napkin "Board Room" Package (extra	a charge)
MENU: Quantity Item/Menu Name		Quantity Item/Menu Name	
SPECIAL INSTRUCTIONS/NOTES:		· ————————————————————————————————————	
		Net 10 days and there is a 1.5% per month finance charge on al	
Please charge the full amount	to my credit card. Name as it appears on Card	:	
Card Type: Visa M,	/C Lard Number	Exp. (MM/YYYY) Security	y Code:
Billing Address on Card, inclu	ding zip:		
I have read, understand, and agre credit card purchases) as specifie		nges, cancellation fees, and payment (including a 2.5% checko	out fee on all
SIGNATURE REQUIRED for FAX:			
for Emai	l: Check this box to acknowledge accept	ance of policy as specified	
		JS AT 510.483.6855 . MIRAGLIA will check availability, process you this form back with the signed confirmation below.	our order, sign and
CONFIRMATION OF ORDER: Miraglia to Complete	Delivery Date: Delivery Window: Delivery will arrive between and Notes:		
Thereshave	Confirmed By:	Date Confirmed:	
Thank you	All of us at Miraglia Catering look forward	to providing you with the best service possible!	