



CAFE 7 CATERING REQUEST

Client/Company Information

Name/Business: _____ Booking Contact: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Mobile: _____ Work: _____ Email Address: _____

Site & Delivery Information

Delivery or Pickup: _____ Number of People: _____
Event Date: _____ Delivery or Pickup Time: _____
Delivery Address: _____ City: _____ State: _____ Zip: _____
Building Name: _____ Additional Site Information: _____
Floor/Suite: _____ _____
Site Contact: _____ Site Contact #: _____

Catering Order

Payment Information

Name on Card: _____ Type of Card: _____
Card Number: _____ Expiration Date: _____ Zip Code: _____

Please fill this form out and return it to cafe7caters@gmail.com. For questions you may email us or call our catering line at (405) 625.4885. Please note that we require a minimum order of \$95 in order to qualify for delivery.