HCK Catering Order Request Form

Delivery / Pick- Up (circle)

Customer / Business Name:_____

Contact Phone & Email: _____

Event Date: **Delivery / Pick-Up Time :**

_____/_____/_____ **_____**

Delivery Address & Instructions:

_____

Item Desc.	Quantity	Unit Price	Total
		Tax:	
		Delivery Charge:	
		Total:	

You'll be emailed a confirmation once you've paid, thanks!

Customer Signature:_____ **Date: _____**

CC Number: _____ Exp: _____

Billing Zip Code: _____ CVC Code: _____