

## **ADVANCED BANQUETING ORDER**

			DVANCED	برانرر 				
EVENT:								
DATE:								
COMPANY:								
ADDRESS				TELEPHONE NUMBER:				
				E-MAIL:				
ACCOUNT TO	O BE PRESENTE	D TO:						
	OF PERSON RES	PONSIBLE FO	R ACCOUNT:	<u>:</u>				
NUMBER OF TABLES:		NUMBERS A	NUMBERS ATTENDING:		TABLE NUMBERS (IF KNOWN):			
SOFT DRINKS		BI	<u>BEER</u>		WINE			
Soft drink	Quantity per table	Beer	Quantity per table		Quantity per table	Bin number	To be opened( YES/NO)	
				-				
				-				
					!			
				•				
	_						ORKING DAYS IN ADVANCE	
	A DISCRE	TIONARY 12.5	% SERVICE C	CHARG	E WILL BE A	ADDED TO ALL E	<b>3EVERAGES</b>	
Please tick to	type of credit car	rd						
	AMEX	K MASTERCARD		DINE	₹S	VISA		
CARD NUMBER:						EXPIRY DATE:		
SIGNATURE:					CARDHOLDERS NAME:			

N.B We reserve the right to charge the credit card details above in the event of the table host not settling the account on the evening with the full value indicated on the bill.

