



1020 Railroad Ave. San Luis Obispo California 93401
 Tel. (805) 541-6800 Fax. (805) 786-2522 Email: lisa@caferomaslo.com

Catering Order for Pick Up

Customer Name:

Pick Up Date:

Pick Up Time:

Phone:

Email for Receipt/Confirmation:

Catering Order:

ITEM NAME	SERVING SIZE OR QUANTITY	LIST PRICE

Subtotal: _____

7.75 % Sales Tax: _____

Total Due: _____

FOR OFFICE USE

Payment Transaction #	
Receipt/Confirmation Sent	

To confirm your order, please provide your credit card information in the space below.

Card Holder Information

Name as it appears on the Card: _____

Billing Address: _____

Phone Number: _____

Card Type (choose one): VISA MasterCard Discover American Express

Credit Card Number: _____

Expiration Date: _____ (month/year) Verification Code: _____ (last 3 digits on signature panel) or for Amex--four digits on the front of the card.

I hereby authorize Café Roma Restaurant to charge my credit card for the total bill due at the completion of the order if another form of payment is not provided.

Signature of Card Holder: _____ Date: _____