

El Patio Catering Contract

Please fill out all contact information.
Please Fax Back to 713-699-1187



Name (Please Print): _____

Event Date: _____ Time of Event: _____

Estimated Number of People: _____

Event Address: _____

Once your event is planned you must confirm the expected number of guests and menu One (1) Week before the event. At this time, a 50% deposit for the confirmed number will be charged to your credit card; the balance is due upon the conclusion of the event. In the event that your party is smaller than you anticipated you will still be charged for the confirmed number of guests.

I _____ understand that One (1) Week before my scheduled event all information regarding party size and menu must be confirmed.

I _____ further understand that 50% of the total bill will be charged One (1) Week before the event and the remaining balance needs to be paid at the events conclusion.

Customer Signature: _____

Contact Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Mailing/Billing Address: _____

Security Deposit Information:

Credit Card Number: _____ Expiration Date: _____

CVC Security Code: _____ (The 3 digit code on back of credit card, 4 digit code on front of American Express)
(If the credit card is not present at the time that the deposit is secured and you do not furnish the CVC security code there will be a \$5.00 charge added to security deposit)

*A second form of identification with the name matching the credit card given must be provided for your security.

ID/TDL# _____ DOB _____ EXP _____