El Patio Catering Contract



Please fill out all contact information. Please email: gm@elpatio.com

Name (Please Print):		Todays Date:
Event Date:	Time of Event: _	
Estimated Number of Pec	pple:	
Event Address:		
At this time, a 50% depos	it for the confirmed numl n the event that your par	expected number of guests and menu One (1) Week before the event ber will be charged to your credit card; the balance is due upon the ty is smaller than you anticipated you will still be charged for the
l,	understand	d that One (1) Week before my scheduled event, all
		of event and Party size must be confirmed.
l,	understand	d that 72 hours (3 Days) prior to my scheduled event I must
		I may not remove items from my menu any time after that.
l,	further u	nderstand that 50% of the total bill will be charged One (1)
		ance needs to be paid at the events conclusion.
Customer Signature:		
Contact Phone Number: _		_Alternate Phone Number:
Email Address:		
Security Deposit Informat	ion:	
Credit Card Number:		Expiration Date:
	at the time that the depo	ack of credit card, 4-digit code on front of American Express) (If the ssit is secured and you do not furnish the CVC security code there will
*A second form of identif	ication with the name ma	atching the credit card given must be provided for your security.
ID/TDI#	DOB	FXP

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