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## Café/ Restaurant Order Form

**To order please complete the form below**

Email: [orders@calzoneandco.com.au](mailto:orders@calzoneandco.com.au) Fax: 02 8021 7964

Upon receipt of your request our staff will contact you confirming your order.

### **CONTACT DETAILS**

COMPANY / NAME:

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### **DELIVERY DETAILS**

COMPANY / NAME:

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

### **ORDER DETAILS**

Please specify your weekly order requirements.

Calzone Type	Type	Unit Cost	Qty	Total
Classic Calzone	<input type="checkbox"/> Cooked			
	<input type="checkbox"/> Uncooked			
Rocket & Mushroom	<input type="checkbox"/> Cooked			
	<input type="checkbox"/> Uncooked			
Smoked Ham	<input type="checkbox"/> Cooked			
	<input type="checkbox"/> Uncooked			

**Please specify order date/frequency:**

**Weekly:**                       Mon    Tue    Wed    Thur    Fri

**Fortnightly:**                 Mon    Tue    Wed    Thur    Fri

**Preferred delivery time:**     **6am – 7am**     **7am – 8am**     **8am – 9am**

**TERMS/CONDITIONS:**

1. This is an ongoing weekly order. One week notice must be given to change or cancel this order.
2. **Free** delivery in the Sydney CBD. Preferred delivery time will be prioritized although time of delivery may vary without notice. For delivery outside of Sydney CBD, a delivery fee applies based on location of function and size of order.

**PAYMENT DETAILS**

**Please choose your most convenient payment option (one only)**

- COD – Cash on Delivery**  
 **CREDIT CARD (via PayPal)**

Type:                       Master Card     Visa

NAME AS IT APPEARS ON CARD:

\_\_\_\_\_

CARD NUMBER:           

EXPIRY: \_\_\_\_\_/\_\_\_\_\_ (mm/yy)

SIGNATURE: \_\_\_\_\_

**Credit Card Charge Authorisation**

I, \_\_\_\_\_, authorize Calzone & Co to apply the invoiced charges to the credit card indicated on this form and for PayPal to be used as a merchant facility. The charges are for the purchase of calzone and will be invoiced at delivery.

**BANK TRANSFER**

**Calzone & Co. Bank Details:**

**St George Bank**

**BSB No:**                      112 - 879

**ACCOUNT No:**              456 345 285

**A/C NAME:**                Calzone & Co.

Invoices must be paid within 7 days from the date of issue.