
Private Function Order Form

To order please complete the form below

Email: 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 order requirements.

Date of Function: _____

Standard Size (Large)

Calzone Type	Unit Cost	Qty	Total
Classic	\$5.00/unit		
Rocket & Mushroom	\$6.50/unit		
Smoked Ham	\$6.50/unit		

Canapé Size (Small)

Calzone Type	Unit Cost	Qty	Total
Classic	\$1.50/unit		
Rocket & Mushroom	\$2.00/unit		
Smoked Ham	\$2.00/unit		

Custom Made (choose your own filling)

Size	Total Qty
<input type="checkbox"/> Standard	
<input type="checkbox"/> Canapé	

Please select your filling (max 3 per calzone)

Special Requests

- | | | | |
|-------------------------------------|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> Mozzarella | <input type="checkbox"/> Prosciutto | <input type="checkbox"/> Spinach | <input type="checkbox"/> Nutella |
| <input type="checkbox"/> Ricotta | <input type="checkbox"/> Smoked Ham | <input type="checkbox"/> Mushrooms | |
| <input type="checkbox"/> Tomato | <input type="checkbox"/> Italian Salami | <input type="checkbox"/> Rocket | |

Preferred delivery time (upon availability): _____

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.