



BOOKING FORM

DATE: _____

CUSTOMER'S FULL or LEGAL NAME: _____

CUSTOMER'S TRADE NAME: _____

Phone – Home: _____ Phone – Business: _____

Mobile: _____ Email: _____

Billing Address: _____ Function Address: _____

_____ Postcode: _____ _____ Postcode: _____

Function Date: _____ Approx No. of Guests (Adults & Children): _____

Type of Function: _____

Deposit Paid: _____ Menu Chosen: _____ Eating Time: _____

PLEASE ADD ANY EXTRA INFORMATION WE NEED TO KNOW (i.e. stairs, restriction of access, dietary requirements, etc.):

PAYMENT TERMS ARE: _____

I/WE AGREE THAT ANY PICTURES OR/AND COMMENTS CAN BE PLACED ON THE SPITROAST.COM WEBSITE OR SOCIAL MEDIA (FACEBOOK) FOR ADVERTISING PURPOSES ONLY. YES NO

I authorise the supply of the Goods detailed above and certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Spitroast.com which form part of, and are intended to be read in conjunction with, this Request To Supply Goods Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

SIGNED (CUSTOMER):

Name: _____

Position: _____

SIGNED (SELLER):

Name: _____ Date: _____

Address: _____

call us 0800 333 666

/SpitroastNZ

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