

Note: all information will be kept confidential and on file in the offices of Reedville Catering.



DATE _____

COMPANY NAME/CLIENT NAME: _____

DEPARTMENT (IF APPLICABLE) _____

BILLING ADDRESS _____

SUITE/OFFICE/MAIL STOP (IF APPLICABLE) _____

CITY/STATE/ZIP: _____

BILLING CONTACT: _____ TEL: _____

FAX: _____ CELL: _____ E-MAIL: _____

NAMES OF PERSONS AUTHORIZED TO ORDER ON THIS ACCOUNT:

CREDIT CARD TRANSACTION INFORMATION:

TYPE OF CARD (check one): VISA MASTERCARD AMEX EXP. DATE _____

CREDIT CARD # _____ 3 OR 4 DIGIT CODE _____

NAME ON CARD _____

BILLING ADDRESS FOR CREDIT CARD (if different than above):

AUTHORIZED SIGNATURE _____

OTHER INFORMATION: _____ EVENT DATE: _____

2975 S.W. Cornelius Pass Rd., Suite D
Hillsboro, Oregon 97123

Web: www.reedvillecatering.com
Email: info@reedvillecatering.com
Phone: 503/642-9898
Fax: 503/642-5536

General payment information:

We accept:
VISA, Mastercard, AMEX, or check.

Please make all checks payable to:
Reedville Catering
2975 S.W. Cornelius Pass Rd, Suite D
Hillsboro, Oregon 97123

Note: additional copies of our current
Menus and this Client Information Form
are available upon request... or by
downloading them from our web site:
www.reedvillecatering.com

REV. 1/24/2006

CLIENT INFORMATION FORM

Please make a copy for your files and return this completed form to:
Reedville Catering - 2975 SW Cornelius Pass Road, Suite D, Hillsboro, OR 97123
or fax to: (503) 642-5536