

Phone (416)599-3511

email orders@thebutlerdidit.ca

|   |                 | Personn           | ei Kequ      | lest Form                |                 |                     |                           |
|---|-----------------|-------------------|--------------|--------------------------|-----------------|---------------------|---------------------------|
| Date Ordered                              |                 | Purchase Order #  |              |                          |                 |                     |                           |
| Event Date                                |                 | Ore               |              | rder Placed By           |                 |                     |                           |
| Customer                                  |                 |                   |              |                          |                 |                     |                           |
| Event Name                                |                 |                   |              | Contact Name and phone # |                 |                     |                           |
| Event<br>Address                          | Prov            | Postal Code       |              | Type<br>of Event         |                 |                     |                           |
|   |                 |                   |              |                          | Type of S       | Service (check b    | ox below)                 |
| Main<br>Intersection                      |                 |                   |              |                          | Buffet          |                     | lors d'oeuvre             |
| Intersection                              |                 |                   |              |                          | Plated          | Cc                  | ontinental                |
|   | Client Phone #  |                   | Ext          |                          | Event Start Tir | ne                  |                           |
|   | On site Phone # |                   | Ext          |                          | Event End Tin   | ne                  |                           |
|   | Туре о          | of Staff Required |              | Attire                   | # of<br>Staff   | Staff<br>Start Time | Approx. Staff<br>End Time |
| Number<br>of Guests                       |                 |                   |              |                          |                 |                     |                           |
|   |                 |                   |              | # of staff required      | d 0             |                     |                           |
|   |                 | Spec              | cial Instruc | tions                    |                 |                     |                           |
|   |                 |                   |              |                          |                 |                     |                           |
| Billing Information (for Private Clients) |                 |                   |              |                          |                 |                     |                           |
| Customer Name                             |                 |                   |              |                          |                 |                     |                           |
| eMail                                     |                 |                   |              |                          | Pho             | one                 |                           |
| Street                                    | Ap              |                   |              | pt / Suite               | Cell            | ular                |                           |
| City                                      |                 |                   | Postal C     | ode                      | Fa              | ax                  |                           |