

# CORPORATE FUNCTION CONFIRMATION FORM

**\*\*Please return this form when paying the function deposit\*\***

FUNCTION DATE: \_\_\_\_\_ COMMENCEMENT TIME: \_\_\_\_\_

VENUE: \_\_\_\_\_ APPROX. NO. OF GUESTS : \_\_\_\_\_

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

COMPANY NAME (if applicable): \_\_\_\_\_

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

TELEPHONE : HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

FAX #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

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

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## PERSONS RESPONSIBLE FOR PAYMENT OF ACCOUNTS

1) NAME \_\_\_\_\_

FOOD A/C \_\_\_\_\_ BEVERAGE A/C \_\_\_\_\_

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

TELEPHONE : HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

FAX #: \_\_\_\_\_ MOBILE #: \_\_\_\_\_

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## IF PAYING THE DEPOSIT BY CREDIT CARD, PLEASE COMPLETE THE DETAILS BELOW:

Credit Card Number:           Expiry: \_\_\_\_\_

Name on card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Authorised by (signature of cardholder): \_\_\_\_\_

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I have read, understood and agree to the terms and conditions noted in the function information as attached to the menu package.

1) Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2) Signed: \_\_\_\_\_ Date: \_\_\_\_\_