

**SHALLOTS BISTRO**  
**TAKE OUT/DELIVERY PROCEDURE**

\*No order will be processed unless this form is filled out legibly.

**INFO:**

Name of Party: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Name On Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Signature \_\_\_\_\_

**DELIVERY:**

Delivery Time: (all delivery must have a two hour window and no deliveries leave Shallots before noon)

**Date:** \_\_\_\_\_ **Time needed:** \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Food Receiver Contact Person and Direct Number: \_\_\_\_\_

**FOOD:**

- The customer has an option to choose the recommended option of receiving their meal on glass plates for a \$5 per plate. By using glass plates, a kosher eater will feel more comfortable in a social setting.
- The chef recommends to eat the food at room temperature-reheating is risky. Unless chefs notes on dish have other instructions.
- Please specify date and time of when each item will be served.

	<b>Item</b>	<b>Amount</b> X		<b>Wrapping</b> <b>Instructions</b>	<b>Temp</b>	<b>Other Instructions</b>
	<b>Salad</b>	X		Glass/china/ container		
	<b>Entrée</b>	X		Glass/china/ container		
	<b>Dessert</b>	X		Glass/china/ container		
	<b>Apps</b>	X		Glass/china/ container		
	<b>Other</b>	Delivery	X1	\$		

- Shallots Bistro uses a courier service that varies in rates depending on gas prices and distances. Downtown deliveries are approximately \$45
- Please sign form and fax back to 847-677-3420

# SHALLOTS BISTRO INC

## Credit Card Authorization

**Guest Name:** \_\_\_\_\_  
**Delivery Date:** \_\_\_\_\_  
**Contact: Sam Wasserman, Manager**

I hereby agree that all charges incurred from the above delivery, will be charged to my credit card as shown below.

- Food & Beverage Charges
- Delivery Charges
- Plate Charges
- All Charges Incurred From Event Delivery

All processed food sales are final and not intended for resale

Type of Card: \_\_\_\_\_

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

Card Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Printed Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_