



CLIENT INFORMATION

BILLING ADDRESS

EVENT ADDRESS

DATE OF EVENT:

DATE ORDERED:

START TIME:

PHONE NUMBER:

# OF PEOPLE:

FAX NUMBER:

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FOOD

BEVERAGES

SUPPLIES

SERVICE

SPECIAL REQUESTS

CLIENT SIGNATURE \_\_\_\_\_

ALL OF THE PRODUCTS, SERVICES, AND CONDITIONS DESCRIBED IN THIS CONTRACT ARE ACCURATE AND IN AGREEMENT BETWEEN BOTH PARTIES.

**148 Center Street  
Southington, Ct 06489  
P- 860-621-9999  
F- 860-621-9989  
www.paulgregorys.com**

MENU CONTINUED

PRICE PER PERSON

BILLING TERMS

ALL PRODUCTS, SERVICES AND CONDITIONS DESCRIBED IN THIS CONTRACT ARE ACCURATE AND IN AGREEMENT BETWEEN CLIENT AND PAUL GREGORY'S, LLC. A DEPOSIT OF 25% IS REQUIRED UPON BOOKING. IF CLIENT DOES NOT CANCEL WITH GREATER THAN 4 DAYS NOTICE, DEPOSIT WILL BE FORFEITED. CLIENT SHALL PAY FULL AMOUNT OWED WITHIN ( ) DAY(S) FROM DATE OF EVENT. CLIENT AGREES TO PAY A FINANCE CHARGE OF ONE AND ONE HALF PERCENT (1 1/2%) PER MONTH OR THE MAXIMUM RATE ALLOWED BY LAW AND PAY ANY AND ALL REASONABLE LEGAL FEES RELATED TO THE COLLECTION OF PAST DUE ACCOUNTS. CLIENT'S SIGNATURE REPRESENTS PERSONAL GUARANTEE.

CLIENT SIGNATURE \_\_\_\_\_

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