

Booking & Payment

Please complete details below and save/email this form to info@windsorhotelmiles.com.au or save/print and drop it in to us.

Contact Details

| | |
|-----------|--|
| Contact | |
| Mobile Ph | |
| Email | |

| | |
|---------------|--|
| Event Date | |
| No. of Guests | |
| Delivery time | |

Your Catering Event

| | |
|---------------|--|
| Event Name | |
| Event Address | |
| | |

Presentation

| | | | |
|----------|--------------------------|--------|--------------------------|
| Standard | <input type="checkbox"/> | Styled | <input type="checkbox"/> |
|----------|--------------------------|--------|--------------------------|

We will be in touch to arrange collection/drop off of platters

Payment Details

To secure your booking please provide credit card details.

Please select preferred payment method:

| | |
|-------------|--------------------------|
| Credit Card | <input type="checkbox"/> |
| Cash | <input type="checkbox"/> |
| EFTPOS | <input type="checkbox"/> |

If paying by direct transfer.

Account Name: Windsor Hotel Miles
BSB: 034-171
Account No: 220927

Credit card transaction fees apply:
3% for Amex, 1% for other cards.

Credit Card Authorisation Form

| | | | |
|-----------------|-------------------------------|--------------------------------------|-------------------------------|
| Date | | | |
| Contact | | | |
| Event Name | | | |
| Cardholder Name | | | |
| Card Type | VISA <input type="checkbox"/> | Master card <input type="checkbox"/> | Amex <input type="checkbox"/> |
| Card Number | | | |
| Expiry | / | | |
| CCV | | | |
| Signature | | | |