



Bento Box Order Form

*Please fill up this form and email it back to cafe@bizlink.org.sg

Name: _____

Contact Number: _____

Email: _____

Name of Company (If Any): _____

Mode of Payment: Cash / Cheque (Above \$300)

Bento Box Order

Day	Date	Menu Choice	Quantity
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

*Indicate NA if not applicable

Preferred Mode of Delivery: (Please Circle One)

1. Pick up at Bizlink Cafe @ IMH

2. Delivery* (Additional \$30)

Delivery Details

Contact Person: _____

Contact Number: _____

Delivery Address: _____

Preferred Delivery Time: (Please Circle One)

11:00am to 12.00pm

12.00pm to 1.00pm

1.00pm to 2.00pm

Remarks:

Signature: _____

Company's Stamp: _____

Date: _____
