

SARATOGABOXLUNCH.COM ACCOUNT ENROLLMENT FORM

Your Name:

Email address:

Building and Office Number:

Special Delivery Instructions:

Office Phone:

Cell Phone:

Food Allergies:

We take payment via credit card only at this time. Please fill out the following information. We will keep your credit info on file and will attach a copy of each credit card receipt for your records with each order

Credit Card Information:
Type: Visa Mastercard Amex (Circle One)
Credit Card Number:
Expiration Date:

I hereby Authorize Saratoga Box Lunch a.k.a Sent Sovi Restaurant to Charge my credit card prior to delivery of my lunch pursuant to the terms of my cardholder agreement.

X_____

Please fax this form to (408) 705-2016 and we will email you a login name and password

Please contact Josiah Slone (650) 704-9752 (cell) or email info@saratogaboxlunch.com if you have any questions or concerns.

Thanks,

Josiah Slone
Chef/Owner