**CONTRACT**

4 SISTERS CATERING, INC

133 SOUTH 4TH STREET, LA CROSSE, WI 54601

608-519-5940

Today’s Date: \_\_\_\_\_\_\_\_\_\_

AGREEMENT between **4 SISTERS CATERING, INC**. hereinafter called the Caterer and **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** hereinafter called Patron.

Main Contact’s name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back-up Contact’s name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ City **\_\_\_\_\_\_\_\_\_\_\_\_** State **\_\_\_\_** Zip Code **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of function:** \_\_\_\_\_\_\_\_\_ **Location of Function** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Starting time of Function\_\_\_\_ Ending Time of Function\_\_\_\_\_\_\_\_\_ Time of Meal \_\_\_\_\_\_\_\_**

**Approximate Number of Guests**

**Guaranteed final Count \_\_\_\_\_\_\_\_\_**

**(14 days before event, must be within 25% of original number of guests)**

**Anticipated Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Balance due 2 weeks before the event. There will be a 10 percent late fee if not paid 2 weeks in advance \_\_\_Initials**

Amount of Deposit $ $ Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bills not paid in full within 30 days of the date of the event are deemed overdue and will be assessed a 1.5% interest charge, equivalent to 18% annually, further, if the patron fails to pay in a timely fashion and legal action is taken to recover any unpaid portion of the bill the patron is responsible for the caterer’s reasonable attorney’s fees.

1.) IT IS FURTHER AGREED as a condition precedent of the agreement that the Patron will pay a deposit, computed above on the acceptance of this contract. The deposit is non-refundable; HOWEVER IT WILL GO TOWARDS THE FINAL BILL

2.) All details of the menu and set-up will be on catering proposal

3.) Patrons agree to inform Caterer at least 14 days in advance as to a definite number guaranteed. Unfilled reservations will be billed. Caterer will prepare for approximately 10% more not exceeding 10 guests. An additional $5.00 per person charge will be added to any additions made after the final deadline in addition to the set price per guest.

4.) In the event of breach of contract by Patron, the Caterer may keep deposit and patron shall be obliged to reimburse Caterer for any damage costs incurred reason of breach thereof, including, but not limited to, lost profits, the cost of any supplies purchased in anticipation of the event and for the contract price of the event.

5.) This contract is contingent upon the absence of accidents or any causes beyond the control of the caterer. The caterer also reserves the right to make reasonable substitutions if unable to secure specific items.

6.) This agreement is not assignable.

7.) There will be a 3 percent fee of entire bill if payment is spilt between two or more credit cards -\_\_\_\_\_\_\_\_\_ Initials

8.) We give permission to 4 Sisters to use images from wedding photos of food and design 4 Sisters for marketing purposes.\_\_\_\_Initials

9.) There could be an additional bill after the wedding for incidentals and last minute add on by bride and groom. \_\_\_\_\_\_\_ Initials

See next page.

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name Client Signature

Date:\_\_\_\_\_\_\_\_\_\_\_4 Sisters Catering         Traci Weber, Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 Sisters, Inc.
 Caterer Name Caterer Signature

 *If selecting more than one entrée, the price of the highest price entrée will apply to all entrées. When choosing multiply starches & vegetables to go with each protein there will be an additional $1.00 per plate charge. Family Style is also an additional $2.00-3.00 per person. Plated Style is an additional $1.00-2.00 per plate charge.*