

# Gourmet Dreams To-Go Registration Form

10 Victory Lane, Los Gatos, CA 95030

phone (408) 866-8888 • fax (408) 866-8887

[www.gourmetdreams.com](http://www.gourmetdreams.com) • email: [gourmetdreams@sbcglobal.net](mailto:gourmetdreams@sbcglobal.net)

Date: \_\_\_\_\_

## Contact Information:

Name(s) including kids: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Best Method to contact:  Home

Work

Referred by: \_\_\_\_\_

Cell

Please list any allergies we should be aware of: \_\_\_\_\_

Fax

Email

## Food Delivery:

I request delivery.  Key Given or  Key Left at \_\_\_\_\_

Is there a security code/alarm system:  Yes  No

Alarm Code Information: Code \_\_\_\_\_ turn off # \_\_\_\_\_ turn on # \_\_\_\_\_

Is there a Pet:  No  Yes, special instructions: \_\_\_\_\_

## Payment Method:

I wish to pay for my weekly services via credit card. I authorize Gourmet Dreams to charge for services rendered on a weekly basis to my credit card: Name on Card: \_\_\_\_\_

Visa or  M/C # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC Code (3 Digit): \_\_\_\_\_

Billing Address for Credit Card is same as Delivery Address.

Otherwise, Billing Address for CC is: \_\_\_\_\_

I wish to pay for my to-go services via a check made payable to Gourmet Dreams. I agree to mail this check on the day I receive my services. I will send a check to:

**Gourmet Dreams, 10 Victory Lane, Los Gatos, CA, 95030.**

I, the client, agree to and will pay a deposit fund of **\$ 75.00** (by check or credit card) payable to Gourmet Dreams, for setting up to-go services. The purpose of this deposit is to guarantee payment to Gourmet Dreams for services performed in advance to payment for services rendered. These services include, but are not limited to, the purchase of groceries & supplies as well as to-go service cooking and delivery. This deposit money will be held for the duration of the working relationship between the two parties mentioned above. At the termination of our relationship, this amount may be refunded, less outstanding monies due, or any other service expenses incurred, or may be credited towards a final invoice due. **Deposit fee is waived if a credit card # is provided and client agrees to pay for services by credit card.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Gourmet Dreams Terms & Conditions

In consideration of, and as an inducement to your receiving to-go services from Gourmet Dreams, a private chef business, you represent and agree to as follows:

(a) I and the members of my family have been examined by a licensed physician within the past six months, and have been found by such physician to be in good physical health. I am aware of any health conditions, my family members or I currently have, that would conflict within any way or form with the services being offered, and if necessary, have communicated these, as well as special dietary restrictions to Gourmet Dreams management, and its staff.

**Initials** \_\_\_\_\_

(b) I understand and acknowledge that I am to receive, via this service, professional prepared meals, ordered to my specifications to be produced under the strictest sanitation regulations at Gourmet Dreams commercial kitchen. I will not hold Gourmet Dreams, its partners, or its staff to any higher standard than that applicable to standard food service industry.

**Initials** \_\_\_\_\_

(c) As per the Packaging Labels given to me with each delivery, I will faithfully follow all instructions detailed regarding the necessary food preparation tasks required by me, consumption specifications and food storage instructions noted by Gourmet Dreams staff, to insure freshness and consumption safety of the foods prepared. I will also insure the foods will be properly refrigerated and/or frozen, soon after the food is delivered, and take full responsibility for all foods once delivered. It being understood that any deviation by me from such instructions shall render the food to be consumed by me or my family members at our own risk.

**I will also faithfully pay each invoice per services rendered weekly. I understand invoices past due over 30 days will incur an accruing interest charge of 2%. Invoices past due beyond 60 days will incur interest charges of 5% and those beyond 90 days will be sent to our collection agency.**

**Initials** \_\_\_\_\_

(d) I will not hold Gourmet Dreams, its partners or staff responsible for any injuries or illnesses suffered by me, my family members or my guests who consume foods prepared by this service, caused whole or in part by my failure to faithfully follow the communication responsibilities requested, or instructions given by Gourmet Dreams and its staff. I hereby waive any claims, which may arise against Gourmet Dreams or its associates, including but not limited to injury, loss or damage to my person or property directly or indirectly related to my participation in the to-go services.

**Initials** \_\_\_\_\_

(e) I understand that I must place **all my orders by 5 p.m. on the Thursday** prior to my scheduled to-go delivery days. If I do not place my order by this day, I waive the right to expect food cooked for me on this day. **I also agree to pay a \$50.00 cancellation fee if I should cancel a to-go booking within 48 hours of the scheduled date.**

**Initials** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Management Signature:** *Janice Whiting, Owner*