

# *La Vue Waterfront Restaurant*

## **FUNCTION CONTRACT**

**I agree to the attached terms and conditions ;**

Full Name: \_\_\_\_\_ Position \_\_\_\_\_

Company/Function Name: \_\_\_\_\_ ABN \_\_\_\_\_

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

Phone Number : \_\_\_\_\_ Fax: \_\_\_\_\_

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

Date of Function: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Function Time Commencement : \_\_\_\_\_ Finish Time : \_\_\_\_\_

Guest Numbers: \_\_\_\_\_

Room Hired : \_\_\_\_\_ Green/ Red or Both \_\_\_\_\_ Room Hire Rate: \_\_\_\_\_

Deposit Required: \_\_\_\_\_ To be received by \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

La Vue Management Co-Ordinator: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **DEPOSIT AUTHORISATION**

Type of card ( Please Circle ): AMEX / VISA / MASTERCARD / EFT POS/ CHEQUE / CASH / BANK TRANSFER. \*\*\*\*\* Please note that all credit card payments will incur a surcharge. Amex 3% and Mastercard and Visa 2% of the total charges.

Payment by Electronic Funds Transfer; Name : Bossini Investments Pty Ltd Trading as La Vue Waterfront Restaurant. **BSB : 484799 A/C: 053143627**

**\*\*\*\* Please email the Bank Receipt Number to : [ronaldo@lavuerestaurant.com.au](mailto:ronaldo@lavuerestaurant.com.au)**

Name of cardholder : \_\_\_\_\_

Credit Card number : \_\_\_\_\_

Expiry date: \_\_\_\_\_ Deposit amount : \_\_\_\_\_

Four digit security code : \_\_\_\_\_ Signature of cardholder : \_\_\_\_\_

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