FAX ORDER TO 323.375.0134 | **EMAIL to** MAIL@KOMODOFOOD.COM | attn: KOMODO, LLC

komodo

DANGEROUSLY GOOD FOOD

TODAY'S DATE _____
mm/dd/yyyy

Delivery | Pick-up

MENU ORDER FORM - CUSTOMER COPY

CHECK ONE

☐ **PICO** - 8809 West Pico Blvd, Los Angeles, CA 90035 | 310.246.5153

☐ **VENICE** - 235 Main St, Venice, CA 90291 | 310.255.6742

NO	DISH TYPE	DISH NAME	QUANTITY	DISH SIZE S-M-L	COST

Please complete below

CUSTOMER INFO

Name _____

Company _____

Address _____

_____

Phone _____

DELIVERY / PICK-UP DATE & TIME

Date _____

Time _____ make sure to specify am/pm

* Delivery location must be within 10 miles radius from Komodo café. Delivery exact time may vary 10 mins earlier or later from estimated

SPECIAL INSTRUCTIONS

_____

_____

SIGNATURE _____ Date _____
mm/dd/yyyy

SUBTOTAL $ -

TAX (9.00%) $ -

GRATUITY (10%) $ -

GRAND TOTAL $ -

PAYMENT METHOD (circle/highlight one)

CHECK CASH CREDIT

TYPE OF CARD

Visa Mastercard Amex Discover

CREDIT CARD INFORMATION

Name on Card _____

Card Number _____

Exp. Date _____

Security Code _____

Zip Code _____