

Specialty Cake Order

Reservation Date: _____

Reservation Name: _____

Reservation Time: _____

of Guests: _____

Type of Cake Requested (please choose only 1):

_____ **Chocolate Mousse Cake**

_____ **Cannoli Cream Cake**

_____ **Strawberry Shortcake (seasonal)**

_____ **Ricottina Cheesecake**

EXACT writing to appear on the cake:

“ _____ ”

Credit Card Number: I understand that my credit card will be charged in the amount of \$70.00 + 20% gratuity if my group does not show up for their reservation. The card WILL NOT be charged in the event of cancelled/delayed flights, sudden illness or natural disaster.

Cake order forms MUST be submitted 24 hours prior to the reservation day & time!!

Credit Card #: _____ **Credit Card Type:** _____

Expiration Date: _____

Name on Card: _____

***I authorize Becco Restaurant to charge my credit card
in the amount of \$70.00 for a specialty 10" cake.***

X _____

Date: ____/____/____

Please submit this form via fax to 917.206.0026 or scan & e-mail to jbrigman@becconyc.com