TAO GROUP CAKE ORDER FORM

PLEASE SPECIFY RESTAURANT (circle one): TAO Uptown (58th St) – 212.888.2288 LAVO NY – 212.750.5588

ARLINGTON CLUB – 212.249.5700 TAO Downtown (9th Ave) - 212.888.2724

Reservation Name: _____ # in Party: _____

Reservation Date: _____Time:_____

Please choose a size: All cakes are available in even number sizes (starting at 4 people and up to 40 people) at $12 per person.

I need a cake for #_____ people X $12 = $_____. Please select gratuity (circle one) 18% / 20% / 22% or other _____%

Please check the box next to the description of the cake you wish to order:

**Please be advised that we cannot accommodate dietary restrictions and food allergies for special cake orders.*

☐ **VANILLA ON VANILLA:** vanilla crème cake with vanilla buttercream

☐ **CHOCOLATE ON VANILLA:** vanilla crème cake with chocolate buttercream

☐ **GERMAN CHOCOLATE:** chocolate cake with coconut-pecan filling

☐ **RED VELVET:** red velvet cake with cream cheese frosting

☐ **HAZELNUT:** vanilla crème cake with hazelnut buttercream, praline, chocolate glaze

☐ **COCONUT:** vanilla crème cake with coconut cream and coconut buttercream

☐ **DULCE DE LECHE:** vanilla crème cake with light caramel buttercream and almonds

☐ **CARROT CAKE:** spiced carrot cake with pecans and cream cheese frosting

☐ **SALTED CARAMEL:** chocolate cake with salted caramel and dark chocolate ganache

Please check the box next to the description of the décor on cake:

☐ **CHAMPAGNE BOTTLE ($20)** ☐ **MARTINI GLASS ($20)** ☐ **BALLOONS ($15 / Blue or Red)**

Message on Cake (no charge / 40 characters max): _____

Additional Information and/or Special Requests:

_____

I, _____, authorize (circle one) TAO UP / LAVO NY / AC / TAO DT to hold my credit card on file to guarantee the specified items above. I understand that the charge will include the 8.875% NY Sales Tax. Orders must be canceled by 5:00 p.m., 36 hours prior to the reservation date or the full charge will be assessed for the above items.

Please CIRCLE the method of payment:

Charge to Bill or Charge to Credit Card on Separate Bill

Cardholder Name (Please Print): _____

Cardholder Address: _____

Amex/ MC/Visa/Diners Card/Discover# _____ Exp. Date: _____

Signature: _____ Telephone: _____

PLEASE SCAN-TO-EMAIL or FAX A COPY OF YOUR CREDIT CARD (Front and Back) and COPY OF FRONT OF CARD HOLDER'S DRIVER LICENSE / I.D with THIS FORM. Please email: tgnyres@taogroup.com .

Office use only: Please charge $_____(Cake) + $_____(Décor) + _____% (Gratuity) + 8.875% NY Sales Tax