|  |  |
| --- | --- |
| Credit Card Authorization Form | Date: mm/dd/yy |
|  |  |  |
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| Caterer requires the Client to complete this form to authorize Caterer in order to use a credit card for payment of any portion of the Deposit and/or Total Financial Estimate. |
| Client Details  |
|   |
| **Name on Credit Card** Click here to enter text |
| **Billing Address** Click here to enter text |
| **Credit Card Type** [ ] Visa [ ] MasterCard [ ] Discover  |
| **Last Four Digits of** Click here to enter text**Credit Card Number** |
| **Phone Number to Contact** Click here to enter text**for Full Credit Card Information** |
| **Expiration Date** Click here to enter text |
| **Amount** Click here to enter text |
|  |
| Approvals |
|  |  |  |  |
| Signature |  |  | Date |