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| --- | --- | --- | --- | --- | --- |
| Credit Card Authorization Form | | | | | Date: mm/dd/yy |
|  |  | | | |  |
|  |  | | | |  |
| 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 | |