

# Credit Card Authorization Form

Please complete and return this signed authorization form when providing your deposit and menu selection information.

CONTACT PERSON: \_\_\_\_\_

PHONE: (w) \_\_\_\_\_ (C) \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

**Circle Credit Card Type: AMEX, VISA, MC, DISCOVER**

Name on the card: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Address Digits \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Authorized Cardholder Signature                      Date                      Invoice # \_\_\_\_\_

**Thank you for giving us the opportunity to serve you.**



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