

SAVOR...

CATERING SERVICES

EVENT: _____ DATE: _____

CONTACT: _____

COMPANY: _____

MAILING ADDRESS: _____
(actual address, please
do not provide P.O.Box) _____

TEL. NO.: _____ FAX NO.: _____

CELL NO.: _____

SERVICES:

TOTAL CATERING SERVICES DEPOSIT: _____ (List of Itemized services to be provided)

Please sign below to acknowledge you have approved the total catering charges and services which you have ordered and you acknowledge that **Catering By SMG requires a 100% deposit** prior to the delivery of these services. MC, Visa, AMEX, and Discover have a maximum \$10,000.00 limit.

Client Signature: _____ **Date:** _____

PAYMENT:

If paying the deposit by company check, please also include your credit card information to help us expedite any on-site additions.

Type : Company Check (due two weeks prior to event) Master Card VISA AMEX DISCOVER

Card Number: _____ Expiration Date: _____ IVC #: _____
(On back of VISA and MC)

Cardholder's Name: _____

Cardholder's Billing Address: _____
(if different from mailing address)

I authorize **Catering By SMG** to charge my card for all Approved Catering Services.

Cardholder's Signature: _____

Other representatives authorized to add catering services to this account:

1. _____
(Name) (Signature)

2. _____
(Name) (Signature)