

CREDIT CARD AUTHORIZATION FORM

EVENT INFORMATION:

EVENT: _____ SERVICE START DATE: _____

CONTACT: _____

COMPANY: _____

BILLING ADDRESS: _____

STREET

CITY, STATE, ZIP CODE

COUNTRY

TEL NO.: _____ CELL NO.: _____

EMAIL ADDRESS: _____

Please send a copy of receipt to this email address once charged

PAYMENT:

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

Type : Company Check* Wire Transfer* MasterCard Visa Discover AMEX

CARD NUMBER: _____ EXPIRATION DATE: _____

SECURITY CODE: _____ (4 digits on front of AMEX, 3 digits on back of Visa , MC and Discover)

CARDHOLDER INFORMATION:

Name: _____

Tel No: _____ Email Address: _____

Billing Address: _____

(if different than above)

STREET

CITY, STATE, ZIP CODE

COUNTRY

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 **SAVOR... San Francisco requires a 100% deposit** 10 business days prior to the delivery of these services. MC, Visa, AMEX and Discover have a maximum \$10,000.00 limit.

I authorize SAVOR... San Francisco to charge my card for all Approved Catering Services.

Cardholder's Signature: _____ DATE: _____

Other representatives authorized to add catering services to this account:

1. _____ (Name) _____ (Contact Number)

2. _____ (Name) _____ (Contact Number)