**Credit Card Authorization Form & Payment Guarantee**

|  |
| --- |
| **Contact:** |
| **Invoice#:** |
| **Company:** |
| **Contact Cell Phone:** |
| **Contact Email:** |
| **Date of Service:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit Card #** |  | **Expiration Date** |  |
| **Cardholder Name** |  | **Phone** |  |
| **Cardholder Address** |  | **Fax** |  |
| **City, State, & Zip** |  | **Country** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** |  | **Floor/ Suite** |  |
| **Company Address** |  | **Phone** |  |
| **City, State, & Zip** |  | **Fax** |  |
| **TOTAL AMOUNT** | **$** |
| **Deposit** | **$**  | **Will be charged on:**  |
| **Balance** | **$** | **Will be charged on date of event:**  |

 **Payment Method: Credit Card ­­□ Company Check □**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do herby authorize City Chefs Catering to charge my AMEX/VISA/MC card**

**#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Expiration date: \_\_\_\_\_\_\_\_\_\_CVV code\_\_\_\_\_\_\_\_\_\_\_.**

**Credit Card Authorization Form Continued**

**In the event that I should fail to comply with the terms and conditions of agreement above I understand that the 50% deposit fee will be applied without a refund as described in said contract.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cardholder signature** | **Today’s Date** | **Client Name** | **May use this card****until (date)** |

**Please scan back a copy of the front and back of your**

**Credit Card and a copy of a photo ID along with this form.**

**Please note this does not include taxes 8.875% or Service Fee 3%.**

**Thank you.**