

**CREDIT CARD AUTHORIZATION FORM**

**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       AMEX

**CARD NO:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**SECURITY CODE:** \_\_\_\_\_ (4 digits on front of AMEX, 3 digits on back of Visa/MC)

**CARDHOLDER INFORMATION:**

**Name:** \_\_\_\_\_

**Tel. No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
(if different from 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 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)

