



CREDIT CARD AUTHORIZATION

I, _____, hereby authorize
(Card Holder's Name)

Food For Thought Catered Events to use the following card for payment.

Company Name: _____

Date of Event: _____

Credit Card Number: _____

3 or 4 digit Security Code (*MC & Visa – on back/Amex – on front*): _____

Expiration Date: ____/____ Amount: \$ _____

Billing Address: Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Signature: _____

*****NOTE: THIS FORM MUST BE SIGNED BY THE CARDHOLDER.
THIRD PARTY SIGNATURES ARE NOT ACCEPTABLE.**

Please return VIA Fax **212-929-5194**

