

Credit Card Authorization Form

Lancer Catering

EVENT INFORMATION

Organization Name: _____

Organization Address: _____

Event Date: _____

CREDIT CARD INFORMATION

Name on the Card: _____

Card Type (Visa or Mastercard): _____

Card Number: _____

Expiration Date: _____

Security Code (Last 3 digits on reverse side of the card): _____

Total Amount: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____

CLIENT INFORMATION

Name: _____

Phone Number: _____

Cell Phone Number: _____

Work Email Address: _____

Fax Number: _____

SIGNATURE

I agree to pay the above TOTAL AMOUNT according to card issuer agreement.

Authorized Credit Card Signature: _____

Date: _____

Please fax this completed form to Jackie Kaelble 651-209-8552

For security purposes, please do not email this form.

