



Catering by Christine



1 Schooner La. Milford, CT 06460

Credit Card Authorization

Date: _____ Number of Pages Including This Page: _____

Attention: _____ Phone: _____

Company: _____ FAX Number: _____

Thank you! Please complete and sign this credit card authorization below and fax it back to us at **(203) 549-0721**.

If you have any questions call us at **(203) 331-2052**.

I authorize Catering By Christine to:
(Place a check mark in the appropriate box(s)).



Charge the credit card listed below for payment in full.

OR



Use the credit card listed below as a guarantee of payment only. The credit card listed below will not be charged if another form of payment is made.

CREDIT CARD AUTHORIZATION

Circle One: VISA MASTERCARD AMEX DISCOVER

Account Number: _____

Expiration Date: _____

Name on Card: _____

CCV Code: _____

Authorized Signature: _____