

# SAVOR...

## San Francisco

### CREDIT CARD AUTHORIZATION FORM

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EVENT: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(actual address, please  
do not provide P.O.Box) \_\_\_\_\_

TEL. NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

CELL NO.: \_\_\_\_\_

**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** prior to the delivery of these services. MC, Visa, AMEX and Discover have a maximum \$10,000.00 limit.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### PAYMENT:

If paying the deposit by company check, please also include your credit card information to help us expedite any on-site additions.

Type :  Company Check (due two weeks prior to event)  MasterCard  Visa  Discover  AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (4 digits on front of AMEX, 3 digits on back of Visa , MC and Discover)

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
(if different from mailing address)  
\_\_\_\_\_

**I authorize SAVOR... San Francisco to charge my card for all Approved Catering Services.**

**Cardholder's Signature:** \_\_\_\_\_

Other representatives authorized to add catering services to this account:

1. \_\_\_\_\_  
(Name) (Signature)

2. \_\_\_\_\_  
(Name) (Signature)