



CREDIT CARD AUTHORIZATION FORM

ACCOUNT INFORMATION:

Name of Client: _____

Date/Time of Event: _____

Email: _____

Phone: _____

Cash Payment: 50% Deposit: _____ Final Payment: _____

Billing Information Name of Cardholder: _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Billing Address: _____

Number/Street Suite: _____

City/State Zip Code: _____

My signature below is a representation that I have read the Traveling Gourmet Service Agreement and consent to the terms and conditions of the Traveling Gourmet Service Agreement.

Client Signature: _____ Date: _____