



Date Received: _____
 Amount: _____
 EO# _____
 Note: _____

Credit Card Authorization Form

Thank you for choosing Organic Chef Catering for your event needs. We appreciate your business and look forward to working with you.

Please print clear and complete this form, fax to # 415.563.1292

Date _____
 From _____

Credit Card Information:

I hereby authorize Organic Chef Catering, to charge my credit card.
 I understand that a 3% service charge will be applied to my credit card payment

Card number _____ 3 digit number _____
 3 digit number is located on back of card (for AMEX use front 4 digit number)

You must include in your fax a copy of the front and back of your credit card

Please circle one			
Visa	MasterCard	Discover	American Express

Expiration Date ____/____/____ Issuing Bank _____

Cardholder Name _____ Cardholder Signature _____

Billing Address _____ City, State, Zip _____

Work Phone # _____ Home Phone # _____

For verification and your own protection, Please attach a copy of the front and back of your credit card.
 Your order will not be processed unless these copies are included in your fax. Thank you.

By signing below I certify that the information I have entered on this form is accurate and true.

 Client Signature 1 Date