



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: **USA** Email: _____

Direct Phone: (_____) _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature* X _____ Date ___/___/___

Security Code: _____ Billing Zip Code: _____

I, _____, authorize **Delicacy Catering**
to charge my credit card above for agreed upon purchases. I understand that my information will be saved
to file for future transactions on my account. I agree to pay 3.75% processing fee with each purchase.*

Customer Signature _____ Date _____