

Credit Card Authorization Form

MyCateringStaff.com

Please complete this form and fax to: 1-646-304-7117

Or Email to: Booking@MyCateringStaff.com

Credit Card Information: All information must be completed and remains confidential.

Name as it appears on card: _____

(Circle One): **MasterCard** **Visa** **Amex**

Account Number: _____ Exp. Date: _____

Security Code: _____ (on the back of the card for Visa/MC)

Card Holder's Address: _____

Card Holder's Work Phone Number: (_____) _____

Card Holder's Email for Receipt: _____

Authorization Information

Person(s) placing order. _____

Host Name: (blank if same) _____

Event Address: _____

Event Date: _____

Contact Phone Number: (_____) _____

I hereby authorize Did You Inc. to apply the charges to the above credit card which is in my name. I release Did You Inc. from all liability for charges made by this person to my credit card and I will notify Did You inc. Domain owners of MyCateringStaff.com in writing if this authorization is cancelled. I agree to forfeit a deposit of 50% if I cancel my event the day of the event, unless it is rebooked within 1 month.

Authorized Signature _____ **Date:** _____

Office Use Only Confirmation date: _____ Rep: _____ Source: MyCateringStaff.com

For sales questions please call 212-372-7200 or Email: Book@MycateringStaff.com