



Credit Card Information Form
Fax or Mail this form back to us

Patron Name (as it appears on contract): _____

Date of Event: _____

Name of Cardholder: _____

Type of Card (check one): MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: _____

Security Code (last 3 digits on back, for American Express, last 4 on front of card): _____

Billing Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Deposit Only: _____

Catering services may automatically be charged in full for events booked within 7 days prior to the event. The balance due may be charged 4 days prior to the event scheduled.

Total Event Charged in Full: _____

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT STATED ABOVE AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH IN THE CARDHOLDER'S AGREEMENT WITH THE ISSUER IDENTIFIED HEREON. IN THE EVENT PATRON CANCELS OR OTHERWISE BREACHES THIS AGREEMENT, THE DEPOSIT AMOUNT SHALL BE FORFEITED. FOR ADDITIONAL RULES AND CONDITIONS, PLEASE SEE PARAGRAPH #2 ON THE BACK OF THE CATERING AT YOUR DOOR® PROPOSAL.

Cardholder's Signature: _____

Authorization Number & Date (for office use only): _____

Catering At Your Door®

Phone: (240) 328-5071 - Fax: (888)349-1174

Email: questions@CateringAtYourDoorMD.com - Website: www.CateringAtYourDoorMD.com