

C & K Catering

CREDIT CARD AUTHORIZATION FORM

Instructions: This form is confidential and will only be verified by C & K Catering.

- 1) Fill in all blank areas. If faxing the form, cardholder must provide original signature for charges to be paid with this card.
- 2) Provide an e-mail address where we can send you a receipt (if requested) and contact you for verification purposes.
- 3) Please e-mail by scan or fax the form (as an attachment) to ckcateringmgr@att.net or fax to: 1-888.472.6729.

Name as it appears on credit card:	
Billing Address (with zip code)	
Phone Number	
E-mail Address	
Credit Card Type (Visa, MasterCard, American Express)	
Credit Card Number	
Three Digit Security Code on back of the card (for American Express - 4 digits on the front of the card)	
Expiration Date	

I, the undersigned, hereby authorize the C & K Catering to charge the credit card above for the charges listed below. I understand that the charge will appear on my credit card as from C & K Soul Foods processed by North American Bancard.

Amount to Charge: \$ _____ Authorized Signature _____

Date _____ Must Include Original Signature

I would like a copy of my receipt e-mailed to me. ___ YES ___ NO

For Office Use Only

C & K STAFF Signature _____ Type of Payment _____

Date Processed _____ Approved Yes _____ No _____

Receipt Sent? & Date _____