

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US All information will remain confidential

I			(of _)
Cardholder Name (please print)			Company Name (please print)				
Authorize Judd's Cat	ering to cha	irge my cre	edit card f	or catering	services.		
Credit card type (Circ	cle One)	VISA	MC	DISC	AMEX		
Account Number							
Expiration MM/YY	/						
Amount to Charge:	\$						
Tip:	5%	10%	15%	20%	other		
Card Verification Number						right side of VISA, MC), ight of the card for AME	
Billing Address:							
-							
Phone Number(s):							
Cardholder signature							
Date							

PLEASE SIGN AND EMAIL TO JUDD'S CATERING Judd's Catering 1145 E. Chevy Chase Drive, Glendale, CA 91205 Fax: 818-696-2087 Telephone: 323-687-5300 Email: info@juddscatering.com