

Credit Card Authorization

CREDIT CARD INFORMATION		
NAME OF CARDHOLDER:		
COMPANY NAME (IF APPLICABLE):		
BILLING ADDRESS:	EMAIL ADDRESS:	
CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		
CREDIT CARD NUMBER:	EXPIRATION DATE: MM/YY	CVV:
SALES TAX EXEMPTION: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, a copy of current Sales Tax Exemption Certificate is required prior to processing any Deposit transactions. Please note, when multiple organizations are paying for a single event claiming Sales Tax Exemption, each organization will be billed individually and are required to provide a current Sales Tax Exemption Certificate.		
I authorize Well Dunn Catering, Inc. to charge the agreed upon amount listed in the Payment Schedule to my credit card provided herein. I further acknowledge that the event balance will be charged to the above card number upon receipt of final invoice following the completion of the event.		
CARDHOLDER SIGNATURE:	DATE:	PRINTED NAME: