

ST AUGUSTINE

AUTHORIZATION FOR CREDIT CARD USE COMPLETE THIS AUTHORIZATION AND RETURN.

Name on Card:	
Billing Address:	
Credit Card Type:	VISA MASTERCARD DISCOVER
Credit Card Number:	Exp Date: /
Card Identification Number:	(last 3 digits on back of card/For Amex -4 digits on front of card)
Email address (email receipt)):
I authorize WORLD PLATE to charge the amount required to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.	
For balance due check appropriate box:	
	utilize credit card mentioned above I will provide alternate credit card
Cardholder - Please print name, sign and date	
Туре:	
Signature:	
Date: / /	
Please return completed and signed form to the following: Attn: WORLD PLATE Caterer	
Email: WORLDPLATEStAugustine@gmail.com	