

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 bi	ack 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

/

Type:

Signature:

Date: /

Please return completed and signed form to the following: Attn: WORLD PLATE Caterer

Email: worldplatecaterer@gmail.com