



CREDIT CARD AUTHORIZATION FORM

Your Full Name: _____
(as it appears on the card)

VISA /MC Accepted: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ **3 Digit CID #** _____

Billing Address: _____

AUTHORIZATION TO APPLY CHARGES:

Serendipity Catering has the permission to use this card to:

_____ Charge a 50% deposit in the amount of \$ _____
for the event taking place on ____ / ____ / ____ .

_____ Charge the remaining balance for the event on the last business day
before the event taking place on ____ / ____ / ____ .

_____ Hold the date ____ / ____ / ____ until deposit is received

_____ Full Payment of _____

_____ Keep card on file for future events & payments

Signed:

Serendipity Fax #: **303.586.6088**