



Credit Card Authorization Form

Name as it appears on card: _____

VISA /MC Accepted _____/_____/_____/_____

Exp _____/_____ 3 Digit CID # _____

Billing address: _____

Serendipity Catering has the permission to use this card to:

_____ Charge 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: 303-468-4997