



Credit Card Authorization Form

Authorization Agreement

I _____ (print) hereby authorize delectables catering & company, the parent company of Studio 1524 Salon, to charge the credit card I have supplied below for the agreed upon deposit and any outstanding balance associated with the approved sales order dated _____ .

Further, I agree not to hold delectables catering & company, the parent company of Studio 1524 Salon, not responsible for any incorrect information supplied by me.

This agreement will remain in effect until this order is complete and paid in full.

Credit Card Information

Name on Card: _____ (circle one) Visa MasterCard Amex

Company Name/Individual: _____ Job Name: _____

Credit Card #: _____ Exp Date: _____

Security Code (Required): _____ (3 digit # on back of Visa/MC, 4 digit # on front of Amex)

Signature: _____

Total Deposit if Any to be Charged to Above Card: \$ _____ (50% of total)

Balance Due or Total to be Charged to Above Card: \$ _____

Authorized Signature: _____

Date: _____

Billing Address: _____

By signing this form, you agree to have delectables catering & company, the parent company of Studio 1524 Salon, charge the deposit on the date signed and the balance of the order charged upon job conclusion.

Thank you and please fax back to 901.726.0076