



AUTHORIZATION FOR CREDIT CARD USE
COMPLETE THIS AUTHORIZATION AND RETURN.

Name on Card: _____

Billing Address: _____

Credit Card Type: VISA MASTERCARD AMEX 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

Print: _____

Signature: _____

Date: ____/____/____

Please return completed and signed form to the following: Attn: World Plate

Fax Number: 386-866-0203 or Email: worldplatecaterer@gmail.com