



CREDIT CARD AUTHORIZATION FORM

Event Name: _____ Event Date: _____

Responsible Party: _____
(Print Name)

Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Name on Card: _____ Address of Cardholder: _____ _____ Credit Card #: _____ Expiration Date: _____ Security Code: _____
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I authorize Cutting Edge Catering (its parent company JNA EVENTS SERVICES, LLC) to charge the debit or credit card listed above for all deposits, payments and final payment for the event listed above.

Please be advised that a 3.5% surcharge applies for all credit and debit card transactions.

Authorized charges not to exceed \$ _____

Signature: _____ Date: _____

CUTTING EDGE CATERING
PO BOX 512
RANCHO CUCAMONGA, CA. 91739
(909) 584-5777 www.cateringbycuttingedge.com