



Credit Card Authorization Form

SHOW NAME: _____

COMPANY: _____

BILLING ADDRESS: _____

TEL #: _____ FAX #: _____

☐

Company check used for initial deposit.
Credit card to be used for reorders & the balance of bill.

☐

Credit card to be used for all charges during the show and
For any re-ordering on site.

☐

American Express

☐

Visa

☐

MasterCard

CARDHOLDER'S
NAME: _____

CREDIT CARD #: _____
EXPIRATION DATE: _____

BILLING ADDRESS OF
CREDIT CARD: _____

SIGNATURE: _____

Customer agrees to pay total charges as specified on the catering order(s) as well as applicable charges on additional items ordered on site.

****A copy of the credit card front and back must accompany this form. ****

Under no circumstances will ARAMARK accept re orders without a credit card on file.

Under no circumstances does ARAMARK take orders or credit card numbers over the phone. Customer must either fax or mail order with signature of cardholder.