



FINE CITY AND HOMESTYLE FOOD

CREDIT CARD AUTHORIZATION FORM

To:		FAX NO:	
FROM:		EMAIL:	

By signing this form, I hereby authorize Comfortsrest, Inc. to charge my company/personal credit card listed below. Please fill in all the requested information and tick all boxes that apply. **Please return form before 5:30pm on Friday, otherwise, you may be required to pay at pick-up.**

Please email back to: catering@comfortscafe.com; or

Please fax to: 415-454-7590

<input type="checkbox"/> COMPANY CREDIT CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> KEEP ON FILE
<input type="checkbox"/> PERSONAL CREDIT CARD	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> FOR ONE TIME USE ONLY

NAME AS IT APPEARS ON CARD:		
CREDIT CARD NUMBER:		
EXPIRATION DATE:	SECURITY CODE:	EVENT DATE:

BILLING ADDRESS:
PHONE NUMBER:
CARD HOLDER SIGNATURE:
ADDITIONAL COMMENTS:



CAFÉ • TAKE-OUT • CATERING

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