



## CREDIT CARD AUTHORIZATION FORM

**TO:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

By signing this form, I hereby authorize Comfortsrest, Inc. to charge my company or personal credit card listed below. Please fill in all the requested information and tick all boxes that apply. Please note, we must have a credit card number in order to confirm your order.

Please email back to: **catering@comfortscafe.com** or 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"/> ONE TIME USE ONLY

**NAME AS IT APPEARS ON CARD:** \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **SECURITY CODE:** \_\_\_\_\_ **EVENT DATE:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CARDHOLDER SIGNATURE:** \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



335 San Anselmo Ave  
San Anselmo, CA 94960  
(415) 454-9840  
comfortscafe.com