

COMFORTS
—
FAMILY KITCHEN

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**

COMPANY CREDIT CARD

PERSONAL CREDIT CARD

VISA

MASTERCARD

KEEP ON FILE

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:



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