

DINING SERVICES

Deposit Service Payment Agreement

Team Name: _____

Mailing Address: _____ (____) _____
Street Business Phone
_____ (____) _____
City/State Zip Business Fax

Contact: _____ (____) _____
Name Title Pager/ Cell

PAYMENT INFORMATION

- Our payment policy requires payment in full prior to the rendering of services.
- Payment for all orders must be guaranteed with a credit card authorization. However, other forms of payment are acceptable.

Credit Card Holder's Name: _____

Card Holder's Billing Address: _____
Street City/State Zip

Visa Amex MC Discover

Card Number: _____

Expiration Date: _____ / _____ CVD Security Code: _____

Credit Card Holder's Signature: _____

The following people are authorized to make additions to my contract once on site.

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

I certify that the above information is correct. I have read and understand the policies and procedures.

Authorized Signature Title Date