



University Catering Credit Card Authorization Form

**Fax Completed Form To:
Catering Billing Office - 530.752.4755**

ORDER #(s): _____

VENDOR INFORMATION	CREDIT CARD INFORMATION
<p>University Catering by Sodexo Segundo Services Center 438 La Rue Road, Room 3100 Davis, CA 95616 http://www.catering.ucdavis.edu Telephone: 530.752.2997 Fax: 530.752.4755</p>	Cardholder Name:
	Credit Card Type:
	Credit Card Number:
	3 Digit Card Security Code:
	Expiration Month:
	Expiration Year:
	Billing Address:
	Billing City:
	Billing State / Zip Code:

SINGLE EVENT INFORMATION	MULTIPLE EVENT INFORMATION
Event Date:	Event Planner(s) Authorized to Charge this Card:
Name of Event:	1)
Event Location:	2)
Event Planner:	3)
Telephone:	Department:
Email:	
Department:	
Telephone:	

TYPE OF CREDIT APPROVAL	
One Time	Keep Charge Card On File

1. I have read the above referenced food service order(s) and by signing below agree to the arrangements as stated.
2. I have read and understand University Catering policies and procedures and how they affect the above referenced event order(s).
3. I understand that I am financially responsible to pay 100% of the final bill and that there maybe a penalty fee for late cancellations.

APPROVED FOR PAYMENT

Signed: _____

Printed Credit Cardholder Name: _____	Date Signed: _____
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For Accounting Purposes Only, DO NOT WRITE BELOW LINE