

CREDIT CARD DEPOSIT AUTHORIZATION

PLEASE FAX TO: 210.822.4483

deposit

PALOMA BLANCA'S

CREDIT CARD

DEPOSIT AUTHORIZATION

EVENT DAY AND DATE:

START TIME: END TIME: LA FUENTE EL JARDIN VELA CATERING

TYPE OF EVENT: EXPECTED NUMBER OF GUESTS:

CONTACT NAME:

EMAIL:

FAX: PHONE:

MAILING ADDRESS:
.....
.....

AMOUNT OF DEPOSIT:

THE FOLLOWING AUTHORIZATION IS REQUIRED AS FORMAL CONFIRMATION FOR THE ABOVE RESERVATION.

I, _____ authorize Paloma Blanca to charge the
aforementioned deposit to the following credit card: MASTERCARD VISA AMEX
CARD NUMBER: _____
EXPIRATION (MM/YY): _____
CARD HOLDER NAME (print clearly):

I further understand that the charge may be posted to my account within 24 hours.

CANCELLATIONS: Cancellations prior to 30 days of the event shall result in the full deposit amount being issued in restaurant credit. Cancellations within 30 days of the event shall result in a full forfeiture of the deposit.

Authorized Signature: _____
Date: _____
Will this also be the form of payment used for the event balance? _____