

**FOR IN-HOUSE EVENTS EMAIL: KARLA@PALOMABLANCA.NET**  
**FOR OFF-SITE CATERING EMAIL: LAURA@PALOMABLANCA.NET**  
**OR FAX: 210.822.4483**

EVENT DAY AND DATE:

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

TYPE OF EVENT:                      EXPECTED NUMBER OF GUESTS:

CONTACT NAME:

EMAIL:

COMPANY NAME:                      PHONE:

MAILING ADDRESS:

OFF-SITE CATERING ADDRESS OR VENUE:

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 and that the  
deposit is non-refundable.

**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? \_\_\_\_\_

# deposit

**PALOMA BLANCA'S  
CREDIT CARD  
DEPOSIT AUTHORIZATION**