



# University Catering Credit Card Authorization Form

**Fax Completed Form To  
Catering Billing Office at  
530.754.2695**

**ORDER #(s):**

VENDOR INFORMATION	CREDIT CARD INFORMATION
University Catering by Sodexo 1 Shields Avenue 146 Student Housing Davis, CA 95616 <a href="http://www.catering.ucdavis.edu">http://www.catering.ucdavis.edu</a> Telephone: 530.752.2997 Fax: 530.754.2695	Cardholder Name:
	Credit Card Type:
	Credit Card Number:
	3 Digit Card Security Code:
	Expiration Month:
	Expiration Year:
	Billing Address:
	Billing City:
	Billing State:
	Billing 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:	

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: \_\_\_\_\_

*For Accounting Purposes Only, DO NOT WRITE BELOW LINE*