



SWEET PARIS
crêperie & café

Please fill out the credit card authorization form and email back to the event staff member you have been in communication with to reserve your event,
Merci!

Date of Event: _____

Location: _____

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVV _____
Cardholder ZIP Code (from credit card billing address):	_____

(Please Print)

I, _____, authorize _____ to charge my credit card above for agreed upon purchases and/or services.

Customer Signature

Date

