









## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

Event Date: \_\_\_\_\_

Catertrax #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover \_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Once signed return the completed form to:

Hofstra University Catering

Attention: Melisa Rosales Ortiz

Email: [Melisa.RosalesOrtiz@compass-usa.com](mailto:Melisa.RosalesOrtiz@compass-usa.com)