



Les Amis d'Escoffier Society of New York, Inc.

Les Amis d'Escoffier Society Foundation, Inc.

Credit Card Authorization Form

Please provide all the information requested below as a form of payment for all charges as outlined.

CARDHOLDER INFORMATION

Name as it appears on the credit card: _____

Card type: Amex VISA MasterCard Discover

Account type: Individual (personal credit card)

Corporate — Company name: _____

Credit card account number: _____ Expiration date: ____/____ Security code: _____

Address (where statement is mailed): _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax or alternate number: _____

PURPOSE OF CHARGE

Name of event: _____ Event date: _____

OR Dues Other: _____

Organization name (if applicable): _____

Phone number: _____ Fax or alternate number: _____

I certify that all information is complete and accurate. I hereby authorize Les Amis d'Escoffier Society of New York, Inc., to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Name (printed): _____

Signature: _____ Date: _____

Please fax the completed form to **Kurt Keller** at **973.379.3117** or mail to **787 Ridgewood Road, Millburn, NJ 07041**.