



*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**.