



CREDIT CARD AUTHORIZATION

**RIGATONI INC.
3437 W. KENNEDY BLVD.
TAMPA, FLORIDA 33609
PHONE: (813) 879-7000
FAX: (813) 221-0100
INFO@cateringbyrigatoni.com
www.RigatoniTampa.com**

I AUTHORIZE RIGATONI INC. TO CHARGE MY ACCOUNT AS PER MY ORDER. I ALSO AGREE TO PAY THE TOTAL AMOUNT DUE ACCORDING TO MY INVOICE AND FINAL BILL WHICHEVER IS GREATER IN ACCORDANCE TO THE CARD ISSUER AGREEMENT (MERCHANT AGREEMENT OF CREDIT VOUCHER). ALL SALES FINAL AND DEPOSITS ARE NON-REFUNDABLE.

Name of Event: _____ **Date of Event:** _____

NAME OF CARD HOLDER: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

CREDIT CARD TYPE: **VISA** **MASTERCARD** **AMEX**

CREDIT CARD NUMBER: _____

EXP DATE: _____

AUTHORIZED SIGNATURE OF CARD HOLDER: _____

DATE: _____