

# PAYMENT AGREEMENT



## CONTACT INFORMATION

Suite Number  Date

Company Name

Suite Administrator Contact Name

Mailing Address  City  State  Zip

Email Address

Phone Number  Cell  Fax

## PAYMENT INFORMATION

Our payment policy requires payment in full prior to the rendering of services. Payment for all orders must be guaranteed with a credit card authorization. However, other forms of payment are acceptable.

### CREDIT CARD HOLDER

Name

Billing Address  City  State  Zip

Credit Card  Visa  Amex  Mastercard  Discover  Diners Club

Card Number

Expiration Date  CVC Code

Signature

- Charge the credit card above for the full amount for each order.
- I will be sending a check prior to the event. The above supplied credit card is for guarantee purposes only.

I certify that the above information is correct.

Authorized Signature Title Date

PLEASE RETURN THIS FORM TO THE DIAMOND 58 CATERING OFFICES VIA EMAIL.



EMAIL: [info@diamond58.com](mailto:info@diamond58.com)