



I authorize Two Cooks Catering, LLC. to charge my credit card for deposits and contracted work under this agreement.

Name as it appears on card: _____

Company Name (if applicable): _____

Billing Address: _____

City/State/Zip: _____

Phone: _____

Card Type (Visa/MasterCard/Discover): _____

Card #: _____

Authorization code (on back of card): _____

Expiration Date: _____

Signature: _____

Date: _____

**Please fax back to (805) 728-1751
Attn: Heather Thomas, Director of Operations**

**Or mail to:
Two Cooks Catering
Attn: Heather Thomas
PO Box 4701
San Luis Obispo, CA 93403**