



Horizon Business Services Credit Card Authorization Form

Cardholder Name: _____

Company Name: _____

Credit Card Billing Zip Code _____

Credit Card Number: _____

- Visa/MC/Discover/AMEX (circle one)
- 3 digit security number on back of card _____
- 4 digit code on front of AMX card _____

Expiration Date: ____ - ____

Amount Authorized: \$ _____ Invoice #: _____

One Time Charge: _____ Monthly Charge: _____

Cardholder Signature: _____

Contact Phone Number: _____

Please note that Horizon Business Services will appear on your credit card statement for your Caterease purchase

Please fax back to 239.261.5689 or email to accounting@caterease.com