## CREDIT CARD APPLICATION FORM CORPORATE DINING SOLUTIONS, LLC Office Location 1266 East Main Street Stamford CT 06902 Wendy@cdsmenus.com

203-604-1664 FAX 203-604-1666

The following information will enable us to set up an account for your catering charges/payments.

Your credit card information is mandatory to maintain an account with us.

Please Print Legibly	Date
Name on credit card	
Company Name ( if applicable )	
Credit card billing address	
	billing zip
Customers Signature	
"JOIN US - GO PAPERLESS"  To receive copies of invoices or statements, email address is required.  Email address	
Credit card #	
Expiration date	
	AMEX ONLY charge on all declined cards
Are you an outside vendor? Yes	No
( Vendor's ) Company name	
Café Location	1/2.