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CATERING CREDIT CARD AUTHORIZATION

Attn:	Today's Date:
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The following are details regarding your event:

Date:	Est. Number of Guests: SEE INVOICE	Time: SEE INVOICE

Credit Card Type:	Credit Card Number:
Expiration:	

I have read and understand all information and give permission to Washington Deli to charge my credit card account for the charges.

Signature:	Date:
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