

CREDIT CARD AUTHORIZATION FORM



I, _____, authorize CulinArt, Inc. to charge the credit card indicated below for the following invoice(s):

Invoice Number	Amount
Total:	

Credit Card Authorization		
Credit Card <i>check one</i>		Today's Date
Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/>		
Card Number	Expiration MM/YY	CVV 3 digit code
Billing Address		
City	State	Zip
Name as it appears on card		
Signature	Contact Phone #	

6 International Drive 1st Floor, Suite 130 | Rye Brook, NY 10573

To order, contact the Hampton Classic team at Robbins Wolfe at 212.924.6500 from 10AM–5PM Monday–Friday
OR email this completed order form to hamptonclassic@robbinswolfe.com

Before placing your order,
please inform us if someone in
your party has a food allergy.

