

# Credit Card Authorization

## CREDIT CARD RELEASE

I \_\_\_\_\_  
(NAME OF CARD OWNER)

AUTHORIZE THE DAILY CATCH TO CHARGE MY  
CREDIT CARD UP TO (CHECK ONE):

[ ] \$ \_\_\_\_\_ [ ] NO LIMIT

AS PAYMENT FOR GOODS AND SERVICES RECEIVED BY:

\_\_\_\_\_  
(NAME OF THE PERSON HOSTING THE PARTY)

\_\_\_\_\_  
(DATE OF EVENT)

## CREDIT CARD INFORMATION

\_\_\_\_\_  
(NAME AS IT APPEARS ON CREDIT CARD)

\_\_\_\_\_  
(CARD NUMBER)

\_\_\_\_\_  
(EXPIRATION DATE)

\_\_\_\_\_  
(AUTHORIZED SIGNATURE OF CARDHOLDER)

\_\_\_\_\_  
(DATE)

Please fill-out and sign this document and either fax it to: (617) 772-4401  
or email a scanned version to [reservations@thedailycatch.com](mailto:reservations@thedailycatch.com)

THE DAILY CATCH

