



CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize
Mise en Place Ltd. to charge my
credit/debit card account for my
child _____ school lunches.

- Visa
- Mastercard

Credit/Debit Card
Number: _____

Expiration Date: _____/_____
Contact Phone Number: _____

Credit Card Billing Address:

As the credit card holder, I hereby authorize Mise en Place Ltd to charge my credit card every month during 2007/2008 school year.

Cardholder's Signature

_____/_____/_____
Date