

Paramount Fine Foods Centre Credit Card Authorization Form



Name (print): _____

Company Name: _____

Address: _____

City, Postal Code: _____

I authorize Paramount Fine Foods Centre to charge the following credit card for the following:

EVENT: _____

EVENT Date (MM/DD/YY): _____ Date of Deposit (MM/DD/YY): _____

Credit card #: _____ Expiry Date: _____

CVV Code: _____ Cardholder Name: _____

Breakdown of Charges:

Food & Beverage Total: _____

Deposit Amount: _____

Balance: _____

Cardholder or Authorized Signature: _____

Paramount Fine Foods Centre
Address: 5500 Rose Cherry Place,
Mississauga, ON - L4Z 4B6
Tel: 647-863-9205

www.paramountfinefoodscentre.com