Home Slice Enterprises, Inc. dba SD Chef
Automatic Credit Card Billing Authorization Form

We are proud to offer the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. We will automatically bill your credit card for the amount of your personal chef services every other week. This is a convenience for our clients and does not obligate you in any way to continue our services. We will provide you with an invoice with each credit card authorization and a monthly summary for your records.

Customer Information (To be completed by merchant)

Customer name: _____

Customer account number: _____

Phone: _____-_____-_____

Payment Information (To be completed by client)

I authorize Home Slice Enterprises, Inc. to automatically bill the card listed below as specified:

Amount: *Gourmet Fitness Meals* **Varies per delivery** Frequency: Billed Bi Weekly _____

Start billing on: _____ End billing when: Services not provided

* Note: please give us 5 days notice if you wish to cancel a delivery (ie cancel a Monday delivery by Thursday pior)*

Credit Card Information (To be completed by customer)

Home Slice Enterprises, Inc. accepts the following credit cards: **Visa and MasterCard.**

Credit card type: _____

Credit card number: _____

Expires: _____/_____

Cardholder's name: _____
(as it appears on credit card)

Card verification code: _____
(on back of credit card)

Cardholder's Mailing address: _____
(as it appears on credit card bill)

Cardholder's Zip code: _____
(Same as credit card bill)

Customer's signature: _____

Date: _____