



COMPLETE THIS PAYMENT AUTHORIZATION AND RETURN TO US. ALL INFORMATION IS CONFIDENTIAL. CALL US AT 504.782.6070 IF YOU HAVE ANY QUESTIONS.

CLIENT NAME

PHONE  EMAIL

EVENT TITLE  EVENT DATE

EVENT TYPE  TURNKEY ON-SITE BOIL/CATERING  CUSTOM HOT DELIVERY  GENERAL CATERING

OTHER \_\_\_\_\_

EVENT TOTAL  AMOUNT PAID  GRATUITY

BALANCE DUE  TOTAL

PAYMENT TYPE            

CREDIT CARD NUMBER  CVV/CVC CODE  EXP DATE

CARDHOLDER NAME   
AS IT APPEARS ON YOUR CARD

BILLING ADDRESS

CITY/STATE/ZIP CODE

I authorize Nola Boils to charge the agreed amount listed above to my credit card herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

SIGNATURE  DATE

Please email completed authorization form to [info@nolaboils.com](mailto:info@nolaboils.com) or mail to **Nola Boils, 3 Forest Avenue, Metairie, LA 70005**