



TWELVE OAKS CATERING
Catering and Food Service

Lunch Room Application Form

Please fill out this application and Twelve Oaks Catering personnel will open an account for you. Return to the cafeteria or email to: info@twelveoakscatering.com as soon as possible.

CHILD'S NAME and SCHOOL:

#1 _____ Grade _____ Amount \$ _____

#2 _____ Grade _____ Amount \$ _____

#3 _____ Grade _____ Amount \$ _____

PARENT'S NAME: _____

PARENT'S ADDRESS: _____

CITY _____ *ST* _____ *ZIP* _____

Email: _____

PHONE NUMBER: (home) (_____)
(work) (_____)

Make Checks Payable to: **Twelve Oaks Catering** ENCLOSED IS: \$ _____ 1 Check 1 Cash

Credit Card Billing

PLEASE BILL MY CREDIT CARD FOR \$50.00 per Child's Acct: 1 Visa 1 MC 1 ONLY

I hereby give my permission to bill my credit card for \$50.00 when the Lunch Room balance drops below \$15.00. (You may discontinue this authorization at any time by calling the corporate offices)

CARDHOLDER'S NAME: _____

BILLING ADDRESS: _____

CITY _____ STATE _____ Zip Code _____

Phone Number (Home) (_____) (Work) (_____)

Credit Card# _____ EXP. DATE _____ CVV # _____ *

SIGNATURE AUTHORIZATION: _____

* Mandatory for credit card processing. Credit Card will not process without the 3 digit CVV # (located on the back of your card) We charge a convenience fee of \$1.00 for each credit card billing.