



8013 Main Street
Houma, Louisiana 70360
Phone: 985-223-7540
Fax: 985-873-8876

Event Date: _____
Menu: _____
of Guests: _____
Lunch / Dinner (circle one)
Time: _____ To _____
Main Dining / Private Room / Deck (circle one)

Credit Card Authorization Form

I authorize Café Dominique to bill the credit card below for the following:

Please initial next to those which apply.

Food: _____
Beverage: _____
Deposit: _____
Banquet Room: _____

All Charges: _____

Organization / Name of Group: _____

Type of Credit Card: _____

Credit Card Number: _____ Exp: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

Signature of Cardholder: _____

Date: _____

On-site contacts authorized to sign:
(Please print Names)

- 1.) _____
- 2.) _____

**Please include a legible copy, front and back of your credit card.