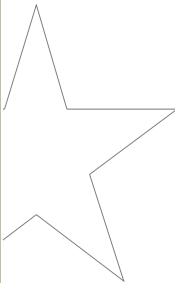


PAYMENT INFORMATION AND CREDIT CARD AUTHORIZATION

IMPORTANT: A CATERING PROPOSAL WILL NOT BE GENERATED UNTIL THIS INFORMATION HAS BEEN RECEIVED BY ARAMARK CORPORATION



NAME OF EVENT: _____

GROUP NAME: _____ EVENT DATES: _____

CONTRACTED ROOMS: _____

CLIENT CONTACT(S): _____ E-MAIL: _____

PH #: _____ FAX #: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

ESTIMATED ATTENDANCE: _____ PRIVATE CITY STATE PUBLIC CORPORATE

OUR GROUP IS "TAX EXEMPT" YES NO (PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE)

100% OF ALL ESTIMATED CHARGES IS PAYABLE IN FULL PRIOR TO YOUR EVENT DATE. AN INITIAL DEPOSIT OF 75% IS REQUIRED FOR ALL EVENTS WITHIN 30 DAYS OF BOOKING. THE FULL TOTAL BALANCE IS DUE NO LESS THAN TWO (2) WEEKS PRIOR TO THE EVENT DATE. ALL ADDITIONS OR CHANGES MADE ON-SITE MUST BE PAID IN FULL PRIOR TO DEPARTURE. ARAMARK CORPORATION DOES NOT EXTEND DIRECT BILLING PRIVILEGES.

PAYMENT OR DEPOSIT MAY BE MADE VIA CHECK, CASH, MONEY ORDER, AMERICAN EXPRESS, VISA OR MASTER CARD CREDIT CARDS. PLEASE MAKE ALL CHECKS FOR FOOD AND BEVERAGE PAYABLE TO: ARAMARK CORPORATION, 500 EAST CESAR CHAVEZ, AUSTIN, TX 78701

METHOD OF PAYMENT FOR 100% ESTIMATED CHARGES (DUE 2 WEEKS PRIOR TO ARRIVAL) CASH/CK/ MO AMEX VISA MASTERCARD METHOD OF PAYMENT FOR ANY ADDITIONS/CHANGES (DUE ON-SITE PRIOR TO DEPARTURE) AMEX VISA MASTERCARD

**REQUIRED - CREDIT CARD # ON FILE: _____ EXP: _____

V # CARD INFO: _____ (AMEXPRESS- 4 DIGIT NUMBER ON FRONT OF CARD AFTER ACCOUNT NUMBER, VISA, MC, DISCOVER- 3 DIGIT NUMBER LOCATED ON BACK OF CARD ON THE SIGNATURE LINE) CARD BILLING ZIP CODE: _____

PRINT NAME AS IT APPEARS ON CARD _____

SIGNATURE OF CARD HOLDER FOR FILE _____

I HEREBY HAVE READ AND AGREE TO ALL OF THE ABOVE PAYMENT REQUIREMENTS FOR: ARAMARK CORPORATION

CLIENT SIGNATURE: _____ DATE: _____

