

PAYMENT AGREEMENT

Please return via Fax: 713-979-4797

Client Name: _____ Date _____

Mailing Address: _____ () -
Street Business Phone

Mailing Address: _____ () -
City/State Zip Business Fax

Contact: _____ () -
Name Title Cell

Event Date: _____ Email _____

PAYMENT INFORMATION

A non-refundable payment of 25% of your contract is due upon booking to secure your event date. The non-refundable payment is however transferable based on availability. 90 days before your event 50% of your remaining balance is due. The total remaining balance of your event is due 30 days prior to the event date. GUEST COUNT MAY NOT GO DOWN AFTER THIS DATE. The final guest count is due two weeks prior to your event date. Additional consumption charges will be charged the evening of the event.

Cancellation Refunds:

- Progress Payments are Non-Refundable.
- Forms of payment accepted: Cash, Check, Visa, MasterCard, American Express and Discover

Credit Card Holder's Name: _____

Card Holder's Billing Address: _____

Street

City/State Zip

VISA

AMEX

MC

DISCOVER

Card Number: _____ Expiration Date: _____

Card Holder's Signature Security # (CID) AMOUNT TO CHARGE

The following people are authorized to make additions to my contract once on site:

Name: _____ Title: _____

Name: _____ Title: _____

I certify that the above information is correct. I have read and understand the policies and procedures and agree to pay accordingly.

Authorized Signature Title Date