



PAYMENT FORM  
Ladies Night Out  
October 26, 2017

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Salesperson: \_\_\_\_\_

**FOR CHECKS**

Amount of Check: \_\_\_\_\_ Check #: \_\_\_\_\_ Bank: \_\_\_\_\_

Please write check to **CAPE COD TIMES** and write Ladies Night Out on the memo line.

**FOR CREDIT CARDS**

Type of Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Auth Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Table \_\_\_\_\_ # of Tables: \_\_\_\_\_ Total Table Fee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form (including check, if appropriate) to:

Pat Switchenko, Cape Cod Times, 319 Main Street, Hyannis, MA 02601

Questions? Call Pat Switchenko on (508) 862-1543



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