

Credit Card Charge Authorization

Name as appears on Credit Card:

First Name: Gail

Last Name: Buchanan

Company Name:

Card Type: Visa Master Card American Express Discover

Card Number: 3772 546230 22009

Expiration Date:

Month: 07/17 Year: 2017

Card Verification Number: 0177

(on back of your card, locate the final 3 digits)
(For Am Exp, locate 4 digits on front right)

Address where monthly billing statements are received:

Address 1: 795 Edgewater Trail, NW

Address 2:

City: Atlanta

State: Georgia

ZIP Code: 30338

Email Address: tgbuchanan@comcast.net

Phone # Associated w/Card:

404-252-8768

Being the cardholder or authorized user of the card, by signing below I agree to the terms set forth in this agreement and I hereby authorize Drake Staffing or its representatives to charge the above credit card for temporary staffing invoices. Drake Staffing assumes no responsibility for any interest, late fees or penalties associated with credit card payments. Fax to (262) 334-2600

Signature: Gail M. Buchanan

Printed Name: Gail M. Buchanan Date: 2-25-2015

Authorized representatives of the parties have executed this Agreement below to express the parties' agreement to its terms.

<u>Bill Rate/Job Description</u>	<u>Pay Rate/Job Description</u>
<u>Bartender</u>	<u>\$16.00 PER HOUR</u>
<u>Bar Back</u>	<u>\$16.00 PER HOUR</u>
<u>Server</u>	<u>\$16.00 PER HOUR</u>

CLIENT	TOM AND GAIL BUCHANAN	DRAKE STAFFING
		
Signature		Signature
Printed Name	Gail M. Buchanan	Printed Name
Title	Party host	Title
Date	2-25-2015 (Today)	Date
	02/25/2015	02/25/2015
2-28-2015 (Event date)		