

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: 0777

1234 5678

(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:

30328

Email Address:

tgibuchanan@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.

Bill Rate/Job Description

Pay Rate/Job Description

Bartender

\$16.00 PER HOUR

Bar Back

\$16.00 PER HOUR

Server

\$16.00 PER HOUR

CLIENT TOM AND GAIL BUCHANAN

DRAKE STAFFING

Gail M. Buchanan
Signature

Signature

Gail M. Buchanan
Printed Name

Printed Name Robert Jones

Party host
Title

Title Selling Branch Manager

2-25-2015 (Today)
Date 02/25/2015

Date 02/25/2015

2-28-2015 (Event date)