



## General Policies

### Payment Policy:

We are happy that you have chosen M7 Event Solutions to provide food and beverage service for your special meeting or event. All orders placed must be paid for in full on, or before, the date of services rendered. A completed Credit Card Authorization form is required with each order placed. NO CHARGES will be applied to your card without proper authorization.

We accept checks, cash, Mastercard, Visa, and Discover Cards (a 2% electronic payment fee will apply to all credit card transactions). All payments should be made payable to:

M7 Event Solutions  
PO Box 5895  
Asheville, NC 28813

- **Deposit:** A deposit of \$200 or 10% of your estimated total catering charges is due at time of client approval/contract signing. Orders totaling less than \$500, payment is due in full at the time of contract signing.
- **Cancellation Policy:** Orders cancelled within 72 Hours of event time will result in 75% payment due. Orders cancelled within 24 Hours of event time will require payment in full.
- **Delivery Fee:** For orders requiring delivery/drop off service only, an appropriate fee will be applied. Deliveries within the Asheville City Limits will require a \$30 delivery fee. Deliveries within Buncombe County will require a \$40 delivery fee. Outside of Buncombe County, pricing varies.
- **NC Sales Tax:** All fees and charges associated with our services are subject to current North Carolina State Sales Tax.
- **Changes:** Any changes to this policy form will not be accepted unless initialed by an M7 Event Solutions representative.
- **Right to Photography:** M7 Event Solutions reserves the right to photograph any event in a "non-specific" manner in order to obtain photographs of our event services in use. These photographs may be used in general marketing material including websites, photo galleries, etc.

Client Initials: \_\_\_\_\_

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- **Damages:** Client will be responsible for any and all damages that occur to the facility or grounds where the event takes place except for accidents/damages that occur due to negligence on the part of M7 staff.
- **Inability to Perform:** In the event that M7 Event Solutions is unable to fulfill its obligation as described in this sales contract caused by reason of fire or other casualty, or act of God, and such casualty results in partial damage or total destruction of the building(s) or premises in question, M7 shall first offer to fulfill the obligations of this contract by rescheduling the event on a future date allowing appropriate time for repairs to the facilities.  
If this is unacceptable then M7 shall refund to the client any monies received with the signed contract.

**Client Acknowledgement:** By signing below, I \_\_\_\_\_

Acknowledge that I have read and understand the M7 Event Solutions Policy Guide and will adhere to all guidelines set within.

**Client Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Name of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

Event Name: \_\_\_\_\_  
 Event Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 M7 Venue: \_\_\_\_\_  
 Sales Manager: \_\_\_\_\_  
 Booking Date: \_\_\_\_\_



Approx. Payment Schedule for Client Reference authorized by Sales Manager:

Initial Deposit: \_\_\_\_\_ 50% Payment Due: \_\_\_\_\_ Final Payment Due: \_\_\_\_\_

**\*\*Any incidental charges accrued during event time must be paid for at the conclusion of event.\*\***

Circle one:	<input type="checkbox"/>	Discover Card	<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard
Credit Card #:			Three Digit Security Code:			
Exp. Date on Credit Card (mm/yr):						
Name as appears on card:						
Company name on card (if applicable):						
Credit card billing address:						
City:		State:		Zip:		
Telephone Number:				Fax Number:		
<p>I authorize M7 of Asheville, LLC d.b.a. M7 Event Solutions to charge my credit card for payment of their products and/or services including a 2% electronic payment fee per transaction. If M7 Event Solutions is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting additional fees.</p>						
<p>By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.</p>						
Signature of Card Holder:						
Printed Name of Card Holder:						
Date:						