



DELLA CASA
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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Restaurant Name:	_____		Phone: _____
Restaurant Address:	_____		
Chef Name:	_____		
Person on Charge of payments:	_____		Phone: _____
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card):	_____		
Card Number:	_____		
Expiration Date (mm/yy):	_____		
Cardholder ZIP Code (from credit card billing address):	_____		
Security Number in the back of card:	_____		

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date