

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Zip Code: _____

Telephone Number _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card):

Amount to Charge: \$_____ (if total check please authorize 20% gratuity)

Date of event: _____

I authorize Marina Café to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to:

Marina Café email – marinacafefl@gmail.com