



Credit Card Authorization Form

Name on Card: _____

Type of Card: VISA Master Card AMEX Discover

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone/Cell Number: _____

TERMS AND CONDITIONS

The cardholder agrees by their signature below that all charges incurred by the cardholder listed at the above address are authorized to make changes on the credit card indicated. Cardholder understands that Tommy's Restaurant may obtain prior approval from credit card company for the estimated amount of cardholders charges. Cardholder further understands that this credit card is accepted by the business. If, for any reason this authorization is not approved by Tommy's Restaurant, the cardholder agrees to provide business with an advanced deposit in the estimated amount of charges.

Cardholder Signature: _____

Date: _____