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| ***CREDIT CARD AUTHORIZATION FORM*** |

*1. CC Authorization form to be signed and faxed back no later than ten (10) days prior to Event. Fax must be received by, to confirm event. Our fax number is 202-387-8311.*

*2. I give the restaurant, Lauriol Plaza LLC, permission to use the listed credit card to guarantee payment for this event.*

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| *Credit Card Type:* |
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| *Name on Credit Card:* |
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| --- | --- |
| *Credit Card Number:* | *Security Code:* |
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| *Expiration Day:* |
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| *Credit Card Billing Address:* |
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*I understand that by signing this Credit Card Authorization form that credit card will be charged in accordance with our terms.*

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| *Cardholder's Signature:* |
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| *Print Name:* |
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| --- | --- |
| *Date:* | *Phone Number:* |
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