CAFÉ SANTORINI & ROCOCO
CREDIT CARD AUTHORIZATION

626-564-4200 FAX 626-564-4227

Client's Name: _____

Date of event: ____/____/____ Location: _____

Please indicate which credit card to charge:

☐ Visa ☐ Discover

☐ Master Card ☐ American Express

Account #

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: _____

Amount: $_____._____

CARDHOLDER'S NAME - PLEASE PRINT

_____

CARDHOLDER'S SIGNATURE & DATE

_____

I authorize Café Santorini & Rococo to charge my credit card for the amount indicated above and I will have this credit card authorization as my receipt of the charged transaction. All deposits are non-refundable and non-transferable.