



37 West Main Street, Mount Kisco N.Y 10549
Tel. 914 - 666 - 5353, 914 - 232 - 5772
Fax 914-666-2903

CREDIT CARD AUTHORIZATION

CARD TYPE: (circle one)

CARD# _____ EXP: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

PHONE NUMBER: _____

This authorization is to put on file for all future orders until I notify you in writing to discontinue use of above card.

This authorization is good for the following order(s):

Gratuity Amount: _____

Cardholder's Signature: _____

Date of authorization: _____

Please make a copy of the front and back of your credit card and your valid driver's license and return or fax with this form to (914) 666-2903.

Thank you and have a great day.