

MISTO-BISTRO

10/23/2011

Credit Card Authorization Form

NAME:

ADDRESS:

PHONE:

E-MAIL:

EVENT DATE:

NUMBER OF GUESTS:

Type of Card: Visa Master Card AMEX Discover

Credit Card Number:

Expiration (Month/Year):

Cardholders Name:

Cardholders Phone number:

Cardholders Mailing address (with Zip Code) of Credit Card:

CCV2 Code number (on back of card):

Authorized Signature: _____

Please complete all fields, print this page, sign and FAX to: 972-899-3301

This Customer has authorized Misto Bistro restaurant to use the above credit card for payment.