

Credit Card Authorization Form

Rei do Gado[®] Brazilian Steak House

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CARDHOLDER INFORMATION

Card Holder Name

Card Billing Address

City / State / Zip

Billing Telephone Number / Fax

PAYMENT AMOUNT / AUTHORIZATION

I hereby authorize **Rei do Gado[®]** to charge my credit card the amount specified below.

Amount \$ _____ . _____

Cardholder Signature

Print Name

Title

Date

CREDIT CARD INFORMATION

Credit Card #

Expiration Date

Issuing Bank

Please circle one

| visa | | mastercard | | amex | | discover |

A copy of the receipt will be faxed to you on request.

Yes, I want my receipt faxed to

() _____ - _____

No

NOTE