



Credit Card Authorization
(707) 944-2386- fax

Name / Company: _____

Event Date: _____

Contact Person: _____

Gift Certificate Amount: \$_____ per certificate

How Many_____

Type of Credit Card: Visa M/C Discover Amex
(please circle)

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV # (required) _____

Authorized Signature: _____

Today's Date: _____

Telephone Number: () _____

Name & Address to send certificate to: _____

Name & Address to send receipt to: _____

Special Instructions: _____