



CREDIT CARD AUTHORIZATION FORM

Order Date	
Order Name	
Credit Card Holder's Name	
Billing Address of Card Holder (must match company records)	
Card Holder Phone Number	
Card Holder Email Address	
Credit Card Number (VISA, MC, AMEX)	
Credit Card Expiration Date	
CVV (usually on the back of the card)	Amount to be charged \$
	Security Deposit \$
Special Notes:	
Pick-Up Date & Time:	

Please note: All information provided will be verified for accuracy. If the name on the account and the address do not match—an alternate payment method will be required. All of the above information will be kept secure and will not be used again without an additional signed form. 9% tax added when payment processed.

Cardholder Signature

Cardholder Printed Name

phone 626.791.4081
fax 866.222.7760
cell 626.202.5214

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