

## CREDIT CARD AUTHORIZATION

Please complete the following information and fax it back to **707.257.3386** or **orders@latavolalinen.com**.

Your card will be charged a 50% deposit at the time of reservation, and all remaining balances will be charged up to 48 hours before your order leaves our warehouse. Any remaining balances will be charged upon the return of your order and may include charges for loss or damage. We welcome any questions you may have and thank you for choosing La Tavola.

### Payment Information

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CVV\*: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\*American Express code is 4 digits, located on the front of the card, above and to the right of the credit card number; MasterCard or Visa code is 3 digits, located on the back in the card signature panel.

Driver's License Number \_\_\_\_\_

Amount to be charged to card: \_\_\_\_\_, plus shipping charges when applicable.

la tavola Order Number \_\_\_\_\_

Event Name/PO (optional): \_\_\_\_\_

Authorized Signature: The undersigned represents that s/he has the authority to request the above credit card be billed for services according to the terms stated here and without dispute.

\_\_\_\_\_  
Electronic Signature

\_\_\_\_\_  
Date

By typing my signature here, I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.