



7209 Highway 90 Unit A
Longs, SC 29568
(843) 390-5151
Fax: (843) 390-5152

Credit Card Authorization

Date: _____

Phone Number: _____

Cardholder's Name: _____
(As it appears on card)

Address: _____

Billing Address: _____

Type of Card: _____ **3 Digit Security Code** _____

Account Number _____

Expiration Date: _____

I the above cardholder authorize in writing that Bistro 90 may charge

\$ _____ amount + \$5.00 processing fee to my credit card.

Name: _____

Address To Be Mailed To: _____

Signature: _____