

# CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION

BUSINESS NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_ AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_



Amount Charged: \$ \_\_\_\_\_ (USD)

Apply Amount to: \_\_\_\_\_ (DEPOSIT)

***Email the authorization to:***

stevegeisler@tavernonsouth.com  
Tavern on South  
423 West South Street  
Indianapolis, IN 46225  
Phone (317) 602-3115