



98 STILLWATER AVENUE • STAMFORD, CT 06902 • (203) 323 -2542

CREDIT CARD AUTHORIZATION FORM

EVENT NAME: _____

DATE OF EVENT: _____

DEPOSIT RECEIVED: _____

COMPLETE THE FOLLOWING
(INCLUDING A COPY OF FRONT & BACK OF THE CREDIT CARD)

THE UNDERSIGNED AUTHORIZES PELLICCI'S RESTAURANT TO
CHARGE THIS CREDIT CARD FOR EVENT COSTS - (CIRCLE ONE)

AMEX • VISA • MASTERCARD • DISCOVER

NAME AS IT APPEARS ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SIGNATURE OF CARD HOLDER: _____ DATE: _____

***MY ADDITIONAL SIGNATURE AUTHORIZES PELLICCI'S RESTAURANT TO CHARGE THE
BALANCE OF REFERENCED EVENT IN ACCORDANCE WITH THE INVOICE OF SAID EVENT.**

CUSTOMER SIGNATURE: _____