



Credit Card Authorization Form

Gift Card Purchases

Grace's Mandarin, LLC

First Name _____ Last Name _____

Today's Date _____

Address of Cardholder _____

City _____ State _____ Zip Code _____

Telephone _____

Gift Card Amount Requested _____

Credit Card Type _____ Visa _____ MasterCard _____ American Express _____

Credit Card Number _____

Expiration Date _____

I, the above signed, certify that all the information is complete and accurate. I hereby authorize Grace's Mandarin, LLC to collect payment for all the charges as indicated in the Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

I further certify that this document accompanies a photocopy of both sides of the credit card listed above.

Signature _____

_____ Would you like a copy of receipt sent to you.

_____ Would you like us to mail gift card to you. _____ Mailed to Different Address

Name of Recipient _____

Address of Recipient _____

City _____ State _____ Zip Code _____

Message on Gift Card (if applicable): _____

Confirm receipt by Grace's Mandarin: By: _____ Date: _____