



## Credit Card Authorization Form

Please complete this form and fax it to the location that you are ordering from.

Please attach a legible copy of your credit card. (Front & Back)

I, \_\_\_\_\_ authorized La Piazza to  
charge my credit card for the following catering charges: \$ \_\_\_\_\_

Type of Credit Card:  Visa  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSC Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

La Piazza of Merrick  
Fax: (516) 546-6817