

Rustic Inn Crabhouse Credit Card Authorization Form
Please complete ALL information requested.
954-584-1637 Telephone 954-581-4365 Fax

The information requested is necessary to complete your order and to help protect you from "FRAUD". If your guests are picking up this order Identification will be required at the time of visit. By signing below you authorize the Rustic Inn to charge your card the amount above and agree to the terms of your credit card issuing bank. You also acknowledge that the information is for verification purposes only; your personal information will not be shared with anyone outside of the business office at The Rustic Inn Crabhouse.

Senders Name: _____ Recipients Name: _____
Senders Address: _____ Recipients Address: _____

Senders City: _____ Recipients City: _____
Senders State: _____ Recipients State: _____
Senders Zip Code: _____ Recipients Zip Code: _____
Senders Telephone Number: _____ Recipients Phone Number: _____
Senders Fax Number: _____ Recipients Fax Number: _____
Amount of Charge: _____

Photo Copy of the Front of your Credit Card
Must be Clear and legible when faxed

Photo Copy of the Back of your Credit Card
Must be Clear and legible when faxed

Photo Copy of your Valid Drivers License or
State Identification Card

Address MUST BE THE SAME as
Billing address on credit card

CLEAR AND LEGIBLE

Card Number: _____
Please print card number clearly, Thank you

Expiration Date: _____

Customer Signature: _____ Date: _____
(Must be the same as the ID and Credit Card provided above)

Please complete this form and FAX back to the number listed above.