Date

# GONDOLA RESTAURANT

428 Lancaster Street
Leominster MA 01453
978-537-5887
GondolaRestaurant.com

## Credit Card Authorization Form (fax to __978-534-4102_____ )

### Your Information:

First Name | Last Name | Middle Initial

Street

Town

State | Zip Code

Phone Number | Email

### Card Information:

VISA

MasterCard

DISCOVER

Expiration Date: | | CVV Code:

**Amount to be charged:**

By signing below, I authorize _____ to charge my credit card in the amount stated above.

**Signature:**