



**CREDIT CARD AUTHORIZATION FORM**

Please fill out and fax to: (619) 239-1377

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I hereby authorize Mille Fleurs Restaurant to charge my credit card  
(We do not accept Discover Card)

Account number \_\_\_\_\_

Expiration date \_\_\_\_\_

Which will pay for the dinner of \_\_\_\_\_

Or the following item \_\_\_\_\_

For their reservations on the date of \_\_\_\_\_

To include a Minimum 18% gratuity, or \_\_\_\_\_% Gratuity

The maximum charge amount not to exceed \$ \_\_\_\_\_

Name as it appears on the Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**IF YOU ARE RETURNING FAX BETWEEN 4:00PM Friday- 8:00AM Monday  
PLEASE CALL TO INFORM HOSTESS AS OUR OFFICE IS CLOSED DURING  
THOSE TIMES**

If there are any problems with this fax please call 619-239-1377.