

Mille Fleurs

Elegant Cuisine

CREDIT CARD AUTHORIZATION FORM

Please fill out and return to the office.

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

I hereby authorize Mille Fleurs Restaurant to charge my credit 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 _____%, or _____\$

Please note: A 4% benefit surcharge will be added to your check

Name as it appears on the Card _____

Cardholder Signature _____

**IF YOU ARE RETURNING FAX AFTER 3:00PM MONDAY-SATURDAY,
OR ANYTIME ON SUNDAY, PLEASE CALL TO INFORM HOSTESS
AS OUR OFFICE IS CLOSED DURING THOSE TIMES.**

858-756-3085
fax 858-756-9945