

# 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% 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