



Credit Card Authorization Form

CARD HOLDER INFORMATION:

Name: _____

Billing Address: _____

City: _____ State: _____ Zip _____

PAYMENT AUTHORIZATION:

Card Type: Visa Master Card Discover Amex Other

Card Number: _____ Exp Date: /

CVV2 Code: _____

I, _____ authorize Martini Blu Café LLC, 3101 Fountain View, Houston, Texas 77057 to process a charge against my credit card account in the amount of: \$_____ to pay for Credits to be used at the Martini Blu Wine and Jazz Festival. The credits will be applied to my MagicMoney™ wristband.

Telephone Number: _____

How Many wristbands do you have: _____?

How much credit do you want to put on each: _____?

PLEASE EMAIL A COPY OF THIS FORM TO: martinibu1@gmail.com

Note:

Martini Blu Café LCC does not keep a file of credit card numbers. At the completion of the transaction, this document with you credit card number will be shredded.