

FELICIA SUZANNE'S RESTAURANT-

\*(Please print, sign, and return via email)

\*\*If you are not able to scan and send back, please call with credit card information.

Date: \_\_\_\_\_

Credit Card Type: (Check One)

Visa    Mastercard    American Express    Discover

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Security Code: \_\_\_\_\_      ZIP: \_\_\_\_\_

Credit Card Holder's Name That Appears on the Card:

\_\_\_\_\_

Credit Card Holder's Phone Number:

\_\_\_\_\_

Billing Address-

\_\_\_\_\_

\_\_\_\_\_

Would you like us to add a gratuity to your total? (Please give an amount or percentage)

\_\_\_\_\_

Would you like us to add your Email Address to our mailing list?

\_\_\_\_\_

Print Name Here: \_\_\_\_\_

Sign Name Here: \_\_\_\_\_