



CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

I hereby authorize Ouisie's Table to charge my credit card in the amount of: \$ _____,

Signed: _____ **Date:** _____

FAX, email or mail the authorization to:

Ouisie's Table
3939 San Felipe
Houston, TX 77027
Tel: 713.528.2264
Fax: 713.888.0280
ouisiestable@ouisiestable.com
www.ouisiestable.com