



1448 Burlingame Avenue, Burlingame, CA 94010
www.stellaburlingame.com email: info@stellaburlingame.com Phone: 650-347-5733

Credit Card Authorization Form

TO: Stella Burlingame, Attn:

From:

Company:

Date:

Contact Phone Number:

Contact Email:

I, _____ (client name), authorize Stella Burlingame to charge my credit card according to the details below. I guarantee full payment of the account as described.

Amount to charge: \$ _____ (22% gratuity will be placed on all purchases)

Reason for charge:

____ Deposit ____ Buying Dinner ____ Gift Card ____ Other

Name/date/time of Reservation: _____

Charge to: ____ AMEX ____ MC ____ Visa ____ Diners Club

Print Full Name on Card: _____

Card Number: _____ EXP: _____ CSV: _____

Signature of Authorized User: _____

Billing Address of Cardholder: _____

Cell or home number: _____ Work/Office number _____

PLEASE SCAN THIS AUTHORIZATION FORM AND EMAIL TO INFO@STELLABURLINGAME.COM ALONG WITH A PHOTO OF FRONT AND BACK OF CREDIT CARD

Please Call 650-347-5733 to let us know when your email is on the way.

Thank you, Stella