

**Authorization for Credit Card Use  
IL TOSCANO RISTORANTE  
42-05 235th Street  
Douglaston, New York 11363  
718-631-0300 Fax 728-225-5223**

**PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.**

**Email: [info@ILtoscanony.com](mailto:info@ILtoscanony.com) or Fax 718-225-5223**

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

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

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

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of card or  
4 digits for AMERICAN EXPRESS on front)

Amount to Charge: \$ \_\_\_\_\_ (USD) OR MAXIMUM AMOUNT TO BE CHARGED

I authorize **IL TOSCANO RISTORANTE** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

**Cardholder – Please Sign and Date BELOW**

Signature: \_\_\_\_\_

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

Print Your Name: \_\_\_\_\_

**Please give GIFT RECIPIENT'S NAME** \_\_\_\_\_

Return the completed and signed form to the following:  
PLEASE FAX OR EMAIL TO ONE OF THE LOCATIONS BELOW

**[info@ILtoscanony.com](mailto:info@ILtoscanony.com) or Fax 718-225-5223**

**THANK YOU!! ALEX PRIVILEGI**