

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

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

Email: 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 or Fax 718-225-5223

THANK YOU!! ALEX PRIVILEGI