OBO' Italian Table & Bar
Credit Card Authorization Form

I, _____, hereby authorize OBO' Italian Table & Bar to charge my credit card account in the amount not to exceed $ _____.

Credit Card Number: _____Expiration Date:_____/_____

Credit Card Billing Address:

Street:_____

City: _____ State: _____ Zip Code: _____

Telephone: ( ) _____ - _____ email:_____

_____
Cardholder's Signature Date

Gift Card Info:

From:_____To:_____

Address (if different from above):_____

_____

Notes:_____

_____

_____

_____

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