



## PAYMENT AUTHORIZATION FORM

1921 EL CAMINO REAL, PALO ALTO, CA 94306

TEL: (650) 321-6798 FAX: (650) 321-6825 EMAIL: [sundancepalto@aol.com](mailto:sundancepalto@aol.com)

I, \_\_\_\_\_, authorize Sundance The Steakhouse to charge my credit card for the purposes of purchasing product for \_\_\_\_\_.

Date & Time of Event: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Name as appears on the Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

CVC Number: \_\_\_\_\_

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

Your Phone Number: \_\_\_\_\_

Your Fax Number: \_\_\_\_\_

Your Email: \_\_\_\_\_

Would like us to email you a receipt: Yes or No

Gratuity: 18%

20%

22%

Your Choice: \_\_\_\_\_

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