



PAYMENT AUTHORIZATION FORM

1921 EL CAMINO REAL, PALO ALTO, CA 94306

TEL: (650) 321-6798 FAX: (650) 321-6825 EMAIL: 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: 20%

22%

24%

Your Choice: _____

Signature: _____