

Fax No. 415-437-2400

**Credit Card Pre-Pay Authorization
For Gift Certificate**

To: _____

Phone: _____

Fax: _____

**I, _____ authorize L'ardoise Restaurant to
Charge my credit card for service requested below:**

Sent Gift Certificate to:

Credit Card Billing Address:

Card Type : Visa

Master Card

Amex

Amount : \$ _____

Card No. _____

Expiration Date : _____

Security Code : _____

Signature of Card Holder : _____ **Date:** _____