



**CREDIT CARD AUTHORIZATION**

TODAYS DATE: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize  
(Name as it appears on the credit card)

FAVAZZA'S/ROSE OF THE HILL to charge my credit card \_\_\_\_\_,  
(Type of card)

in the amount of \$\_\_\_\_\_.  
(amount to be charged)

Account Number: \_\_\_\_\_

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

Card Mailing Address  
Street: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Zip Code for Credit card Used: \_\_\_\_\_

\_\_\_\_\_  
(Signature as it appears on the credit card)

Please mail completed authorization form to:  
5201 Southwest Ave, St. Louis, Mo. 63139  
fax to 314-772-2342,  
or scan with signature and email to [jfavazza@favazzas.com](mailto:jfavazza@favazzas.com)