

**ART'S DELICATESSEN, INC.**  
12224 VENTURA BLVD. STUDIO CITY, CA 91604  
818-762-1221 FAX 818-762-9063

This Credit Card Authorization form is a procedure to confirm that the authorized cardholder has made the order. It is an extra security measure we require to protect you, the cardholder, and Art's Delicatessen from credit card fraud. We realize that this will take a little more time but the protection it offers out weighs the inconvenience.

TO COMPLETE YOUR ORDER WE **REQUIRE** THE FOLLOWING TO BE FAXED BACK TO US:

1. This form completed **AND**
2. A Legible Photocopy of the Front and Back of your Credit Card.

(Faxes without the photocopy of your credit card will result in your order not being processed.)

**CREDIT CARD SIGNATURE AUTHORIZATION FORM**  
(PLEASE COMPLETE ALL SECTIONS)

Cardholder's Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

I, \_\_\_\_\_ (Cardholder's Name) authorize Art's Delicatessen, Inc. to charge the above credit card for my purchases and I agree to pay the amount of my purchases according to my card issuer agreement.

Signature of Cardholder: \_\_\_\_\_

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

**Please Fax Along with a Legible Photocopy of the Front and Back of your Credit Card to:**

**Art's Delicatessen Fax #: 818-762-9063**

Thank You for Your Business!