



Credit Card Authorization Form

Please complete this form and fax it to the location that you are ordering from.

Please attach a legible copy of your credit card. (Front & Back)

I, _____ authorized La Piazza to
charge my credit card for the following catering charges: \$ _____

Type of Credit Card: Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____ CSC Code: _____

Name as it appears on card: _____

Authorized Signature: _____ Date: _____

La Piazza of Plainview
Fax: (516) 938-5899