



Please complete this form and email to [Laurina@limonsf.com](mailto:Laurina@limonsf.com) or fax it to 415-821-2138. Thank you!

### One Time Credit Card Payment Authorization Form

#### Payment Information

|   |
|---|
| Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC |
| Cardholder Name: _____  |
| CC #: _____   |
| Exp Date: _____ Security code: _____                                    |

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

Phone# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

X \_\_\_\_\_

DATE \_\_\_\_\_

I authorize Limon Rotisserie to charge the credit card indicated in this authorization form according to the terms outlined above and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

#### Gift Card Information

Gift Card Amount: \$\_\_\_\_\_

Gift Card #: \_\_\_\_\_ (for office use only)

Name of person giving gift: \_\_\_\_\_

Name of person receiving gift: \_\_\_\_\_

Address gift card should be mailed to:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Shipping Information

Free Standard Shipping (We are not responsible for any lost or stolen gift cards)

Certified Mail \$6.00 (We will replace any gift card that does not arrive with delivery and confirmed through tracking information via the post office as well as our gift card-tracking server.)

**Special notes:**