



**Credit Card Charge Authorization Form**

**Cardholder's First and Last Name:**

**Cardholder's Telephone Number:**

**Type of Card:**

**Credit Card Number:**

**Expiration:**

**CARDHOLDER SIGNATURE:**

**At my request, I authorize the restaurant to charge the following:**

**Full Check**

**Item Description or Specific Amount**

**Server Tips**

**SEND**

**DATE:**

Upon completion, please click on the green button to send this form or print and send by email at [INFO@CAFFEMILANONAPLES.COM](mailto:INFO@CAFFEMILANONAPLES.COM)

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