



Credit Card Authorization

_____ I hereby agree that any and all charges incurred for the purchase of ___ gift certificate(s) from St. Martin's Wine Bistro, in the amount of \$_____ will be charged to my credit card as shown below.

Please attach a clear copy of the front and back of the credit card intended for use, along with a clear copy of the card holder's driver's license, or other government-issued photo identification.

Type of Card: _____ Phone Number: _____

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____ Billing Address: _____

Authorized Signature: _____

Date: _____

Please complete this form and return with the necessary photocopies to:

St. Martin's Wine Bistro
3020 Greenville Avenue
Dallas, TX 75206

OR

Fax: (214)-826-1229
Attention: Catering Accounts

Notes: (eg.: who to make the gift certificate out to, address to send to, special messages, etc.)