

# Unique Dining Credit Card Authorization Form

Please fill this form out completely and correctly.

Child's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

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

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

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

Phone: (     ) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Card Type (Visa/MC/AmEx) \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

3 or 4 Digit Security Code: \_\_\_\_\_

This code is on the back signature panel on visa and master cards, and on the front side of some American express cards.

\_\_\_\_\_

I authorize unique dining the charge my credit card one time per month for my child's lunch order.

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

Please return this form to the school office or FAX to Unique Dining at  
(562) 799-0702. Thank you