

Unique Dining Credit Card Authorization Form

Reminder, we require a new form every school year. Last years forms have been destroyed.

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 through the end of the school year (June, 2010)

Cardholder Signature: _____

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