

## **Credit Card Fax Authorization Form**

In order to reduce charge backs, it is necessary to have a completed credit card authorization form as shown below. Also, it is critical to capture an AVS (Address Verification System) match when processing the transaction. Entering in the billing zip code of the cardholder captures AVS. Submitting the cardholder's address and CVV code lowers risk further. When applicable, a proof of delivery is required.

The Oar House Restaurant 305 Interstate 30 Rockwall, TX 75087 Phone: 972-771-9687

Fax: 972-771-2882

Print Cardholder Name	hereby a	uthorize "The Oa	ar House Restaurant"			
to debit my	VISA	AMEX	MASTERCARD	Discover		
ACCOUNT NUMBER: EXPIRATION DATE: CVV CODE:			* Located on back o	f card		
N THE AMOUNT OF \$ FOR THE FOLLOWING SERVICE:						
MY BILLING ADDRESS I	FOR THIS CARD	IS:				
City			State		Zip	
Phone	-		Fax			
Cardholder Signature				Date		