



### Credit Card Charge Authorization Form

This form confirms your request for payment by **Visa or MasterCard**. Your signature below constitutes your agreement to pay the amount specified below, or any future amounts due, and authorizes Chichen Itza Restaurant to obtain credit approval from said credit card company. You must sign this agreement as well as the credit card authorization form below.

I, \_\_\_\_\_, hereby authorize Chichen Itza Restaurant to charge my credit card account for services rendered from Chichen Itza Restaurant. I affirm that I am at least 18 years old and that I am legally authorized to use the credit card account number specified below. Furthermore, I understand and agree that the charges specified below or any other charges are irrevocable and may not be charged-back at any time in the future.

SIGN: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date (mm/dd/yyyy): \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_  
*Must be exactly as it appears printed on your card*

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

\_\_\_\_\_ ZIP \_\_\_\_\_

Security Code (CVV2): \_\_\_\_\_ Invoice/Order#: \_\_\_\_\_  
*Last 3 digits in signature area.*

Transaction Amount: \$ \_\_\_\_\_ US DOLLARS

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder acknowledges receipt of goods/services in the amount of US Dollars of the total shown herein and agrees to perform the conditions set forth in their cardholder's agreement with the user. For all billing inquiries, please call 213.741.1075 Tuesday-Friday 9:00am until 6:00 pm PST. Please sign and fax back to: 213.741.1046.