



704 SOUTH ALVARADO STREET | LOS ANGELES, CA 90057

# CREDIT CARD ORDER FAX FORM

FAX TO: 213-483-7171

PLACE **FRONT** OF CREDIT CARD HERE

PLACE **BACK** OF CREDIT CARD HERE

PLACE **FRONT** OF DRIVER'S LICENSE HERE

# THANK YOU FOR YOUR BUSINESS!

CARD TYPE (check one):  VISA     MASTERCARD

CARD NUMBER: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ CVV: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I certify that I am the cardholder for the above credit card. I authorize Langer's Delicatessen-Restaurant to charge on my credit card \$\_\_\_\_\_ in connection with the purchase of food items.

X \_\_\_\_\_  
SIGNATURE DATE