

SCL Dublin Lunch – Credit Card Authorisation Form

I _____ authorize *With Taste* to charge the below credit card with the amount of EU € _____

Details required before charging Credit Card

Guest Name

Card Type Visa / Mast / Amex

Please note; an additional 3.5% service charge applies for Amex cards

Card Number _____

Expiry Date _____/_____

Ccv Number
(last three digits on back of card) _____

Card Holders Name _____

Contact Phone No. _____

Billing Address
of credit card _____

Signature _____ Date _____