

EatWell DC Credit Card Authorization

DATE _____

CARDHOLDER'S NAME _____

BILLING ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

CREDIT CARD TYPE: VISA MC AMEX

CARD NUMBER _____

EXPIRATION DATE _____

I AM AUTHORIZING THE USE OF MY CREDIT CARD FOR:

IN THE AMOUNT OF \$ _____

IF GIFT CERTIFICATE, MAIL TO:

CARDHOLDER'S SIGNATURE _____

PLEASE RETURN BY FAX OR EMAIL

Grillfish: 202-331-3751, grillfish@eatwelldc.com

Logan Tavern: 202-332-3725, logantavern@eatwelldc.com

Commissary: 202-299-0028, commissary@eatwelldc.com

The Heights: 202-797-7226, theheights@eatwelldc.com

