



Corporate Offices
7100 Blvd 26 Ste#208
Richland Hills, TX. 76180
PH: 682-626-5953
Fax: 682-626-5954

Piranha Killer Sushi Credit Card Charge Authorization Form

Form may be completed and returned via e-mail or filled out manually & faxed
Email Sales@PiranhaKillerSushi.com or Fax # 682-626-5954

Please complete this form in its entirety, sign & fax/email to our corporate office

Credit Card Billing Address & Information Required (Please Type or Print Clearly)

Full Name_____

Company_____

Complete Street Address_____

City_____ State_____ Zip_____

Country_____ Phone_____

E-mail_____

Please Select a Credit Card Type Payment Master Card () VISA () DIS () AMEX ()

CARD # |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__|

EXPIRATION DATE: |__|__| |__|__|

SECURITY CODE: |__|__|__|__|

Security code (CSC/CVV) is last 3 digits on the back of your credit card.
(American Express Card users, this number is the 4-digit code on the front side)

(If applicable) TAX ID or DBA #: _____

As the credit card holder listed above and or an authorized user, I hereby authorize Piranha Culinary Concepts to charge the credit card account(s) noted above for goods and services to be provided at the stated cost.

Card will be charged upon receipt unless otherwise indicated.

Signature _____

Printed Name _____

DATE SUBMITTED _____

By submitting this authorization form at your completion, you help us to protect our valued customer from credit card fraud. All information entered and completed on this form will remain strictly confidential in our possession.

SALES PERSON/POC: Kevin McCauley

Invoice # 15792

Charge Amount (USD) \$918 (50% Deposit for Buffet Style Dinner -140 Persons)

Billed to:

Craig A. Redd

Dir. Of Operations

College Gridiron Showcase