



Award-Winning Cajun Cuisine

3480 I-49 North

Lafayette, LA 70507-2550

Phone: (337) 896-3247

Fax: (337) 896-3278

Simply Cajun...

Simply Delicious...

**One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize **Prejean's Restaurant Management, LLC** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below & fax to 337-896-3278 or email to amie@prejeans.com:**

I \_\_\_\_\_ authorize **Prejean's Management, LLC** to charge my credit card  
(full name as listed on card)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(Name of reservation, date, time & number of guests)

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

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____			
Please provide a copy of the front and back of the card.				

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize Prejean's Restaurant Management, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.