



**Credit Card Authorization Form  
Restaurant Leads Report**

**COMPANY INFORMATION:** *(please fill out completely)*

Name: \_\_\_\_\_

Company name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Card expiration date: \_\_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_

**PAYMENT AUTHORIZATION:**

Please fill in payment authorization information below and sign:

I hereby authorize Today's Restaurant to debit my credit card in the amount of \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Email completed form to: **terri@trnusa.com***