



SAPPHIRE LAGUNA & PANTRY
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CREDIT CARD AUTHORIZATION FORM

CARDHOLDER'S NAME: _____

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

AUTHORIZED AMOUNT: _____

CARDHOLDER'S ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

CARDHOLDER'S SIGNATURE: _____

**WE REQUIRE A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD
PLEASE FAX THE CREDIT CARD AUTHORIZATION AND CREDIT CARD COPIES TO
(949) 715-2266 OR EMAIL TO ORDER@SAPPHIRELLC.COM
THANK YOU!**

Cancellations must be made 48hrs in advance to avoid charges