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CHARGE AUTHORIZATION- BUTCHER SHOP

CARDHOLDER INFORMATION

NAME: _____

PHONE: _____

FAX: _____

EMAIL: _____

CREDIT CARD #: _____ EXP: _____

CV CODE: _____

I HEREBY AUTHORIZE LE MARAIS RESTAURANT TO CHARGE MY CREDIT CARD FOR THE FOLLOWING:

RECIPIENT INFORMATION (DELIVERY/ SHIPMENT)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FED EX ACCT # (if applicable): _____

****Shipping at your own expense****

MEAT ORDER:

SPECIAL INSTRUCTIONS:

SIGNATURE:

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF THE CREDIT CARD WITH THIS FORM