POGGIO
~CREDIT CARD AUTHORIZATION FORM~
Fax to 415-480-1809

I authorize Poggio to charge the following to the credit card listed below.

Name on Credit Card: _____

Gift Certificate Amount: _____

Card Type:_____

Card number:

__/__/__/__ /__/__/__/__/ __/__/__/__/ __/__/__/__/

Expiration Date:

____/____

Signature:_____

Address to send gift certificate: Address to send receipt (if different)

_____ _____

_____ _____

Message on card:_____