

# ZAXBY'S



1301 FM 685 Pflugerville, TX 78660  
512-514-1646

## Credit Card Authorization Form

Student's First and Last Name: \_\_\_\_\_

Card Holder's First and Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Holder's Phone Number: \_\_\_\_\_

Credit Card Type:    Visa                    Master Card                    American Express

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Zaxby's at 1301 FM 685

Pflugerville, TX to charge my Credit Card Number for the amount of \$ \_\_\_\_\_ + 8.25% Tax  
for my student's meals this season.

I attest the information above to be true and binding:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*