



3115 14th St. NW · Washington, DC · 20010
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Credit Card Authorization

DATE _____

CARDHOLDER'S NAME _____

BILLING ADDRESS _____

PHONE NUMBER _____

FAX NUMBER _____

CREDIT CARD TYPE: VISA MC AMEX

CARD NUMBER _____

EXPIRATION DATE _____

I AM AUTHORIZING THE USE OF MY CREDIT CARD FOR:

IN THE AMOUNT OF \$ _____

IF GIFT CERTIFICATE, MAIL TO:

CARDHOLDER'S SIGNATURE _____

RETURN BY FAX TO LOGAN @ THE HEIGHTS (202) 797-7226

