



Sapphire Laguna
1200 South Coast Highway, Suite 105B
Laguna Beach, CA 92651
Office (949) 715-3355
Fax (949) 715-2266

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

Credit Card Type: _____

Credit Card #: _____

Expiration Date: _____

Authorized Amount: _____

Cardholder's Address: _____

Daytime Number: _____

Evening Number: _____

Cellular Number: _____

Fax Number: _____

Cardholder's Signature: _____

**NOTE: WE REQUIRE A PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD.
PLEASE FAX THIS FORM ALONG WITH CARD COPIES TO (949) 715-2266. THANK YOU!**