

DOWNTOWN SPIRITS

Credit Card Authorization Form

fax: 206-575-6980

email: orders@downtown-spirits.com

I _____ (Full Name), born on ____/____/____ (Birth Date), hereby authorize Downtown Spirits to charge my Credit Card the amount listed below and agree to pay the total amount due. I also certify that I am 21 years of age, and am not ordering for consumption of anyone under the legal drinking age of 21 years.

Date: _____/_____/_____

Name: _____

Amount: \$_____.

Delivery Fee: \$ 10.00

Total: \$_____.

Gratuity (Delivery Driver): 15% 18% 20%
(if to be charged on card)

Credit Card #: _____

Expiration: _____/_____

Billing Address: _____

Street Address Line 1

Street Address Line 2

City State Zip Code

Signature: _____

**Please also include a copy of your government issued ID.*

Affix Credit Card
+

Affix Government Issued ID
+

Official Use (leave blank)

Invoice #

Driver Name