

Barracuda Bob's Bar & Grill

Fax Credit Card Authorization Form

Please fax completed form with a clear photocopy of both front and back of your credit card to: (912) 777-4387. All account numbers and signatures on our copy of your credit card must be clear and visible.

Card Holder Information

Card # _____ Exp. Date _____

Type of Card Amex Visa M/C Discover

Name _____

Address _____

Phone Number _____ Fax Number _____

Signature of Cardholder _____ Date _____

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that these charges are not paid. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney fees and costs incurred.