



Daly Restaurants DBA Cantina Toscana
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Cantina Toscana

CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Number of gift cards: _____ **Value of each gift card:** _____

Daytime Telephone: _____

I authorize a charge against my credit card in the following amount:

\$ _____

Credit Card (choose one) : **MasterCard** **Visa** **AMEX** **Discover**

Card Number: _____

Expiration Date: _____ **Security Code :** _____

Billing Address including billing zip code:

Address where you would like your gift cards sent to :

Sign here: _____

1. Print and complete form.

2. Sign where indicated.

3. Submit by mail or email: cantina.toscana@mac.com or fax to : (941) 870 4866