

**Caliente Southwest South
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Kings Beach, CA 96143
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Fax: (530) 546-2775**

bookkeeper@calientetahoe.com OR thomas.sanford203@gmail.com

(Return to Caliente's Accounting Dept. via Fax or Email)

Your signature below authorizes Caliente to charge your credit card for a phone or internet order.

I, _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____ E-Mail: _____

Authorize Caliente to charge my: Visa () Master Card () Discover () American Express ()

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

For: Gift Card () Retail () Food/Beverage () Deposit () \$ _____

Gift Card Instructions:

Amount: \$ _____ Presented To: _____ Given By: _____

Retail Purchase:

Retail Item: _____ Qty: _____ Size: _____ Color: _____ Price: \$ _____

Retail Item: _____ Qty: _____ Size: _____ Color: _____ Price: \$ _____

Food/Beverage Purchase:

Food/Beverage Item: _____ Qty: _____ Price: \$ _____ Gratuity %: _____

Plus current sales tax and mailing charges, where applicable, for a Total Amount of: \$ _____

Customer Signature: _____ **Date:** _____

Mailing Instructions: () **OR** **Customer Pick Up:** ()

Mail to Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ **Completed By:** _____

Your signature authorizes Caliente to debit your credit card for the above amounts on said date.