

Gift Card Credit Card Authorization Form



THE LOOP

Complete and submit this form back to info@theloopchurros.com to process your order.

Cardholder Name: _____

Credit Card Number: _____

Credit Card Type: _____

Is this a Debit Card: _____

Expiration Date: _____

CVV Number: _____

(3-4 Digit Security Code)

Billing Address: Street: _____

City: _____ State: _____ Zipcode: _____

Billing and Shipping Address are the same.

Shipping Address: Name: _____

Street: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____

of Gift Cards: _____

Gift Card Amount:

Minimum \$25, Maximum \$200.

Total Payment

Amount \$

I authorize The Loop to charge my credit card for all charges.

Printed Name: _____

Signature: _____

Today's Date: _____

The Loop | 9729 Bolsa Ave, Westminster, CA 92683