YUTAKA CUSTOMER CREDIT CARD AUTHORIZATION

| CREDIT CARD TYPE | □ Master □ Visa □ AMEX □ Discover |
|---|-----------------------------------|
| CARDHOLDER | |
| COMPANY NAME (If applicable) | |
| CREDIT CARD # | |
| EXPIRATION DATE | Month: Year: |
| BILLING ADDRESS | Street: |
| | City: |
| | State: Zip: |
| AMOUNT AUTHORIZED | \$ |
| ORDER #/COMMENTS | |
| By signing this authorization form, the cardholder authorizes <u>Yutaka</u> <u>Hibachi Steakhouse</u> to charge the amount shown above. | |

Date: _____

Signature: ______