



Website: TropMex.com • Fax: (909) 629-5763 • Email: TropMex@yahoo.com

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name: _____

Billing Address: _____

Credit Card No.: _____

Expiration Date: ____/____

Security Code: _____

Amount: \$ _____

Gratuity: \$ _____

Total: \$ _____

I hereby authorize JML Mexican Restaurants, Inc. to charge my account for the above listed amount. The charge will originate from Tropical Mexico Restaurant or Mexico Lindo Restaurant.

Cardholder's Signature: _____ Date: _____



**Tropical Mexico
Restaurant**
1371 S. East End Ave.
Pomona, CA 91766
(909) 623-7573



**Mexico Lindo
Restaurant**
1060 S. Garey Ave.
Pomona, CA 91766
(909) 629-6042