



RESTAURANT CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization by contacting us. This authorization will remain in effect until canceled.

CREDIT CARD INFORMATION

CARD TYPE: MASTERCARD VISA AMEX DISCOVER

CARDHOLDER NAME: _____
AS SHOWN ON CARD

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV: _____

BILLING ADDRESS: _____

PHONE: _____

EMAIL ADDRESS FOR RECEIPT: _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases.

Restaurant Name:

Reservation Date:

Reservation Name:

Specific Gift or Amount:

Gratuity % for Meal or Gift:

Personalized Note:

CUSTOMER SIGNATURE

DATE

