



## CREDIT CARD AUTHORIZATION-PRIVATE DINING ROOM

Please fill out and fax to: (415) 775-1805. Please print legibly

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ FAX:(    ) \_\_\_\_\_

PHONE #2: (    ) \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

RESV DATE: \_\_\_\_\_ RESV NAME: \_\_\_\_\_ TIME: \_\_\_\_\_ # IN PARTY: \_\_\_\_\_

THIS LETTER AUTHORIZES GARY DANKO TO CHARGE OUR COMPANY CREDIT CARD OR MY PERSONAL CREDIT CARD FOR \$500.00 DEPOSIT FOR THE PRIVATE DINING ROOM. \*\*IN SIGNING THIS FORM I UNDERSTAND THAT THERE IS A \$1200.00 MINIMUM FOR FOOD AND BEVERAGE EXCLUSIVE OF 21% SERVICE CHARGE AND 8.5% SALES TAX ON ALL CHARGES. RESERVED PARTIES MUST CANCEL 5 BUSINESS DAYS PRIOR TO RESERVATION DATE FOR DEPOSIT REFUND. THE DEPOSIT WILL NOT BE REFUNDED IF THE PARTY IS NOT CANCELLED IN WRITING BY THE ABOVE STATED PERIOD. I HAVE READ AND AGREE TO GUIDELINES FOR BOOKING PRIVATE PARTIES. I ALSO AGREE THAT ALL REFUND OF DEPOSITS WILL BE ISSUED BY CHECK AND MAILED TO THE ABOVE ADDRESS.

\*\*ALL CHARGES ARE SUBJECT TO 21% SERVICE CHARGE PLUS 8.5% SALES TAX ON SERVICE CHARGE PER BOARD OF EQUALIZATION.

TYPE OF CREDIT CARD: VISA: \_\_\_\_\_ MC: \_\_\_\_\_ DINERS: \_\_\_\_\_ DISC: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXP. \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CARD HOLDER SIGNATURE: \_\_\_\_\_

NOTE: PLEASE FORWARD A PHOTOCOPY OF THE CREDIT CARD

MAILING ADDRESS FOR RECEIPT (IF DIFFERENT THAN ABOVE):

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800 North Point, San Francisco CA 94109