



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 9.5% 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 9.5% 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: _____

Cardholder Signature: _____

Note: Please forward a photocopy of the credit card.

Mailing address for receipt (if different than above):

800 North Point, San Francisco CA 94109