



GARY DANKO

GARY DANKO CREDIT CARD AUTHORIZATION

PLEASE FILL OUT AND FAX TO: (415) 775-1805

PLEASE PRINT LEGIBLY

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

PHONE #2: (____) _____ TODAY'S DATE: _____

RESV. DATE: _____ RESV. NAME: _____ TIME: _____ # IN PARTY: _____

THIS LETTER AUTHORIZES GARY DANKO TO CHARGE OUR COMPANY CREDIT CARD OR MY
PERSONAL CREDIT CARD FOR:

ALL CHARGES : _____ VALET PARKING: _____ GRATUITY: _____ %OTHER: _____

WINE/CHAMPAGNE: _____

FLOWERS: _____

NOTE CARD INSCRIPTION: _____

TYPE OF CREDIT CARD: VISA: _____ MC: _____ DINERS: _____ DISCOVER _____

CREDIT CARD ACCOUNT # _____ EXP. _____

NAME AS IT APPEARS ON THE CARD _____

CARDHOLDER SIGNATURE _____ DATE _____

NOTE: PLEASE FORWARD A PHOTOCOPY OF THE CREDIT CARD

MAILING ADDRESS FOR RECEIPT (IF DIFFERENT THAN ABOVE):

800 NORTH POINT, SAN FRANCISCO, CA 94109 (415) 749-2060