



GARY DANKO

**GARY DANKO CREDIT CARD AUTHORIZATION**

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

PLEASE PRINT LEGIBLY

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ 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 CHARGE: \_\_\_\_\_ VALET PARKING: \_\_\_\_\_ GRATUITY: \_\_\_\_\_ % OTHER: \_\_\_\_\_

WINE/CHAMPAGNE: \_\_\_\_\_

NOTE CARD : \_\_\_\_\_ PRESENT AT END OF MEAL \_\_\_\_\_ HAVE WAITING ON TABLE UPON ARRIVAL

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):

\_\_\_\_\_  
\_\_\_\_\_