

**B&B RISTORANTE
CREDIT CARD AUTHORIZATION FORM**

EMAIL THE COMPLETED FORM TO INFO@BANDBRISTORANTE.COM ATTENTION: HOSPITALITY MANAGER
TELEPHONE (702) 266-9977

Guest/Purchase Information:

| | |
|---|-------------------------------|
| Reservation Name: | Anticipated Number of Guests: |
| Reservation Date: | Time: |
| I would like to authorize payment for (Check One): <input type="checkbox"/> Entire Bill <input type="checkbox"/> Up to a certain amount: \$ _____ <input type="checkbox"/> Single Item: | |
| Gratuity (Check One): <input type="checkbox"/> 20% <input type="checkbox"/> 18% <input type="checkbox"/> Other % _____ Note: gratuities are not included in the total; however, you may predesignate a gratuity to be added to your bill. You will retain discretion to adjust the gratuity amount (or to leave no tip at all) at the conclusion of the event or meal. | |
| Is the recipient aware of this purchase? | |
| If the gift is a surprise, would you like us to mention it before or after the meal? | |

Purchaser Information:

| | | |
|---------------------------------------|-------|-----|
| Name: | | |
| Billing Address Line 1 | | |
| Billing Address Line 2 | | |
| City | State | Zip |
| Mailing Address Line 1 (if different) | | |
| Mailing Address Line 2 | | |
| City | State | Zip |
| Phone Number | | |

I Hereby Authorize Payment Using:

| | |
|--|------|
| Card Type (Check One): <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover | |
| Credit Card Number: | |
| Expiration Date: | CVV: |

The issuer of the card(s) identified above and on the attached page is authorized to pay the dollar equivalent of the items and services detailed above. I hereby promise that I am the person identified in the photo identification on the attached page and, as such, agree to pay for the aforementioned items and services together with any other charges due thereon subject to and in accordance with the agreement governing the use of such card.

Signature: _____ Date: _____

Please do not forget to include the following on a separate page: 1) a legible photocopy of your credit card (front and back) 2) a legible photocopy of your photo identification (driver's license or Passport) 3) please call B&B Ristorante at (702) 266-9977 to confirm receipt of your email.