



## CREDIT CARD AUTHORIZATION FORM

This note is to authorize the debit of the following credit card account number for the amount of \$50.00 per person to guarantee reservations at Evans American Gourmet Café.

### RESERVATION INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of people in party: \_\_\_\_\_

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Direct Telephone: \_\_\_\_\_

Email \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:     MasterCard     Visa     American Express     Discover Card

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_\_\_

- By checking this box I agree, as the cardholder, to be responsible to guarantee this reservation in the amount of \$50 per person if I cancel within 24 hours of the reservation or fail to show up to the reservation.

Please complete and Fax to: 1-530-542-9111 (Restaurant phone 1-530-542-1990)

Note there will be no charge to this card unless there is a failure to honor this reservation without a minimum 24 hour notice of cancellation.