



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.