



**CREDIT CARD AUTHORIZATION**

**Fax the completed form to (212) 995-9052, Attn: Mackenzie Sheridan**

**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.**

Name (Purchaser): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Recipient's Name and Address if Applicable:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize payment using my:

\_\_\_\_\_ Visa      \_\_\_\_\_ American Express      \_\_\_\_\_ Master Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Friend's Dinner or Bottle of Wine:**

Dinner \_\_\_\_\_ Wine \_\_\_\_\_ (please check one)

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

Reservation Date/Time: \_\_\_\_\_

Name of Wine or Bin Number (if applicable) \_\_\_\_\_

Amount of dollars to be used towards bill (please mark whole bill (if applicable): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

OCCASION: \_\_\_\_\_

*20% GRATUITY WILL AUTOMATICALLY BE ADDED TO THE BILL*