



**Credit Card Charge Authorization Form**

**Cardholder's First and Last Name:**

**Cardholder's Telephone Number:**

**Type of Card:**

**Credit Card Number:**

**Exp:**

**CARDHOLDER SIGNATURE:**

**At my request, I authorize the restaurant to charge the following:**

**Full Check for:**

Date of the reservation:

Full Name:

**Item Description:**

**Server Tip**

**SEND**

**DATE:**

Upon completion, please click on the green button and send this form or print and send by email at [INFO@BICE-NAPLES.COM](mailto:INFO@BICE-NAPLES.COM) or Fax (239)261-9998  
We look forward to hosting your guests.

300 5<sup>th</sup> Ave South, Naples, FL 34102. Telephone: (239) 262-4044

[www.bice-naples.com](http://www.bice-naples.com)