



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 to send this form electronically.
You can also print and send by email at INFO@BICE-NAPLES.COM or
Fax at (239)261-9998
We look forward to hosting your guests.

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

www.bice-naples.com