

CATALINA

CREDIT CARD AUTHORISATION FORM FOR LUNCH OR DINNER

Thank you for your interest in covering payment for an upcoming reservation at Catalina. Please complete and return this form to us at least 24 hours before the reservation time (ensuring all fields are completed). The reservations team will contact you to confirm receipt.

RESERVATION DETAILS

Reservation Name: _____

Reservation Date: _____ Time: _____ Number of Guests: _____

PLEASE ADVISE WHAT YOU WOULD LIKE TO COVER

- Balance of Total Bill
*(I agree to pay for the total amount outstanding for this reservation.
I understand the amount is unknown until after guests have dined).*
- Total Meal Costs Only
- Nominated Amount of \$ _____

PLEASE ADVISE IF YOU WOULD LIKE TO ADD A GRATUITY FOR THE STAFF

- YES (percentage or amount) _____ NO

SPECIAL REQUESTS OR ADDITIONAL NOTES

CREDIT CARD DETAILS TO COVER PAYMENT

I AUTHORISE CATALINA TO CHARGE FOR THE ABOVE, TO THE FOLLOWING CARD

CARD TYPE: AMEX / VISA / MASTER CARD CARD ID (CVV): _____ EXPIRY: ____ / 20____

CARD NUMBER: _____

NAME ON CARD: _____ SIGNATURE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Once completed, please email this form to reservations@catalinarosebay.com.au. Thank You!
