

CRISPO RESTAURANT

CREDIT CARD AUTHORIZATION FORM

PLEASE FILL OUT THE FOLLOWING INFORMATION
AND FAX IT TO: 212-229-9979 OR EMAIL: CRISPORESTAURANT@GMAIL.COM

This is to authorize ***CRISPO RESTAURANT*** to charge \$ _____ + (20% SUGGESTED GRATUITY)
To my credit card:

Please Circle Type of Credit Card: ***AMEX*** ***VISA*** ***M/C***

Card Number: _____

Expiration Date: _____

Card Holders Name: _____

Telephone Number: _____

Fax Number: (*So that we may send you a receipt*) _____

PLEASE NOTE: *Management will need a copy of the front and back side of the above Credit Card, in order to process this form.*

GUESTS INFORMATION

Name of Reservation: _____

Date of Reservation: _____

Time of Reservation: _____

Number of Persons in Reservation Party: _____

TO BE ORDERED:

PLEASE NOTE: *If you are paying the total of a guest's bill, please indicate the desired tip percentage you would like added to your bill.*

Paying Entire Bill? (Circle One) **YES** **NO**

Percentage of Gratuity: _____

Any Special Instructions:
