

# **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:**

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**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:**

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