



99 STANTON STREET
NEW YORK, NY 10002

CREDIT CARD AUTHORIZATION FORM

RESERVATION NAME: _____ # IN PARTY: _____

RESERVATION DATE: _____ TIME: _____

I, _____, HEREBY AUTHORIZE THE STANTON SOCIAL TO CHARGE MY CREDIT CARD FOR THE SPECIFIED ITEMS BELOW. I UNDERSTAND THAT THIS CHARGE WILL INCLUDE 8.875% NEW YORK SALES TAX, PLUS A GRATUITY OF 18% 20% 22% OTHER \$_____ (EXCLUDING GIFT CARDS.) I UNDERSTAND THAT I AM FREE TO CHANGE THE AMOUNT OF THE GRATUITY AT OR UNTIL THE PAYMENT IS PROCESSED.

PLEASE CHECK ALL THAT APPLY:

ENTIRE DINNER (INCLUDING BEVERAGES)	DESSERT/COFFEE ONLY	WINE (PLEASE SPECIFY BOTTLE & PRICE)	CHAMPAGNE (PLEASE SPECIFY BOTTLE & PRICE)	GIFT CARD (PLEASE SPECIFY AMOUNT)	OTHER (PLEASE SPECIFY)

SPECIAL REQUESTS: _____

PLEASE CIRCLE ONE: AMEX VISA MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: _____ CVV: _____

NAME OF CARD HOLDER: _____ PHONE NUMBER: _____

BILLING ADDRESS: _____ EMAIL ADDRESS: _____

SIGNATURE: _____

WHEN WOULD YOU LIKE US TO INFORM GUESTS?
 WHEN WINE/CHAMPAGNE SERVED BEFORE MEAL AFTER MEAL (IN LIEU OF CHECK)

ADDITIONAL INFORMATION: _____

GIFT CARD SHOULD BE MAILED TO: _____

GIFT CERTIFICATES WILL BE SENT VIA US MAIL UNLESS A FEDEX NUMBER IS PROVIDED HERE: _____

**PLEASE COMPLETE FORM AND FAX WITH A
 PHOTOCOPY OF CREDIT CARD (FRONT/BACK) & PHOTO IDENTIFICATION
 TO 212.995.0083
 WE STRONGLY RECOMMEND CALLING TO CONFIRM RECEIPT OF THIS FORM 212.995.0099**