

**DEL POSTO
CAKE FORM + CREDIT CARD AUTHORIZATION FORM**

EMAIL THE COMPLETED FORM TO HOSPITALITY@DELPOSTO.COM
TELEPHONE (212) 497-8090

ATTENTION: HOSPITALITY MANAGER

Guest Information:

Reservation Name:	Anticipated Number of Guests:
Reservation Date:	Time:

Purchaser Information:

Name:		
Billing Address Line 1		
Billing Address Line 2		
City	State	Zip
Mailing Address Line 1 (if different)		
Mailing Address Line 2		
City	State	Zip
Phone Number		

I Hereby Authorize Payment Using:

Card Type (Check One): <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Credit Card Number:	
Expiration Date:	CVV:

Purchase information. Please note, the minimum cake order is \$75.00 which will serve 4 guests. Each additional serving is \$15 per person. 48 hours advance notice is necessary for all cake orders.

Please choose from: <input type="checkbox"/> Chocolate & Caramel Cake, Vanilla Gelato, Chocolate Sauce & Shaved Dark Chocolate
<input type="checkbox"/> Vanilla Cake, Cannoli Gelato, Seasonal Fruit Filling
Gratuity (Check One): <input type="checkbox"/> 20% <input type="checkbox"/> 18% <input type="checkbox"/> Other % _____ Note: gratuities are not included in the total; however, you may predesignate a gratuity to be added to your bill. You will retain discretion to adjust the gratuity amount (or to leave no tip at all) at the conclusion of the event or meal.
Special Instructions (i.e. "Happy Birthday", "Happy Anniversary", etc):
Is the recipient aware of this purchase?
If the gift is a surprise, would you like us to mention it before or after the meal?

The issuer of the card(s) identified above and on the attached page is authorized to pay the dollar equivalent of the items and services detailed above. I hereby promise that I am the person identified in the photo identification on the attached page and, as such, agree to pay for the aforementioned items and services together with any other charges due thereon subject to and in accordance with the agreement governing the use of such card.

Signature: _____ Date: _____

Please do not forget to include the following on a separate page: 1) a legible photocopy of your credit card (front and back) 2) a legible photocopy of your photo identification (driver's license or Passport) 3) please call Del Posto at (212) 497-8090 to confirm receipt of your fax.