

**DEL POSTO
CREDIT CARD AUTHORIZATION FORM**

FAX THE COMPLETED FORM TO (212) 807-6320

ATTENTION: HOSPITALITY MANAGER

TELEPHONE (212) 497-8090

HOSPITALITY@DELPOSTO.COM

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: |
| Deposit Amount (if applicable): | |

Purchase information:

| |
|---|
| I would like to purchase: <input type="checkbox"/> Entire Check <input type="checkbox"/> Food Only <input type="checkbox"/> Wine Only <input type="checkbox"/> Dessert Only <input type="checkbox"/> Pre-Ordered Cake |
| Gift Value (Before Gratuity): |
| Gratuity (Check One): <input type="checkbox"/> 20% <input type="checkbox"/> 18% <input type="checkbox"/> Other % _____ <input type="checkbox"/> To Be Determined at Conclusion of Event |
| Special Instructions: |
| 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!