



CREDIT CARD AUTHORIZATION

Please complete and fax or email back to our offices. Please call our office to confirm receipt.

Special Event Deposit: \$ _____ Event Date: _____

I hereby authorize payment using my (circle one): Master Card Visa Amex Discover

Card Number _____ Expiration Date _____

Cardholder's Name as it Appears on the Card _____

Cardholder's Billing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____

Special Instructions: _____

DEPOSIT/CANCELATION POLICY (read each of the items below—by signing you acknowledge that you understand and accept these terms):

For Saturday events and for all events during the month of December: The deposit is only refundable if canceled one month or more in advance. For any events canceled within one month of the event date, the deposit will be forfeited. Should you need to cancel within 72 hours of your event, ½ of the total food and beverage estimate will be charged. In the event of a no show you will be charged in full for the estimated bill.

For Sunday through Friday events that are not during the month of December: If your event is canceled less than one month in advance but at least one week prior to the event date, your deposit will either be refunded or applied to a future event. For all events canceled within one week of the event date, the deposit will be forfeited. Should you need to cancel within 72 hours of your event, ½ of the total food and beverage estimate will be charged. In the event of a no show you will be charged in full for the estimated bill.

By completing this authorization form and signing below, I hereby agree to the cancelation policy and promise and 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: _____