



Credit Card Authorization Form

Please fax completed form along with legible photocopy of your credit card and photo identification to 212.686.5489.

To: _____

FROM: _____

PHONE: _____

Large Party Reservations

RESERVATION NAME _____

RESERVATION DATE AND TIME _____

*Reservations not cancelled within 24 hours
of reservation date will be charged \$25 per person.*

\$ _____

"I AUTHORIZE RESTO TO CHARGE MY CREDIT CARD WITH THE ABOVE AMOUNT."

NAME ON CREDIT CARD _____

DAY TIME NUMBER _____

CELL PHONE NUMBER _____

CREDIT CARD NUMBER _____

_____/_____
EXPIRATION DATE

Buy Your Friend Dinner/Wine/Gift Card

RESERVATION NAME _____

RESERVATION DATE AND TIME _____

*Reservations not cancelled within 24 hours
of reservation date will be charged \$25 per person.*

\$ _____

AMOUNT TOWARD DINNER

\$ _____

"I AUTHORIZE RESTO TO CHARGE MY CREDIT CARD THE ABOVE AMOUNT, PLUS TAX AND 18% GRATUITY." *

NAME ON CREDIT CARD _____

DAY TIME NUMBER _____

CELL PHONE NUMBER _____

CREDIT CARD NUMBER _____

_____/_____
EXPIRATION DATE

SPECIAL MESSAGE TO BE CONVEYED:

* Shipping charge for gift card will be applied.