



TATIANA

3145 Brighton 4th Street, Brooklyn, NY 11235, Phone: 718.646.7630
Fax: 718.648.4487

Attn. to: _____

Credit Card Charge Authorization Form

PLEASE COMPLETE AND RETURN THIS FORM WITH A LEGIBLE PHOTOCOPY OF THE FRONT AND BACK OF THE CREDIT CARD AND THE CARDHOLDER'S DRIVERS LICENSE

PLEASE RETURN THIS FORM VIA FAX (718) 648-4487

Cardholder's Name: _____

Billing Address: _____

Cardholder's E-Mail: _____

Cardholder's Telephone Number: _____ Fax: _____

DATE PARTY _____ NUMBER OF GUESTS _____

TIPE OF DINNER MENU _____

(dinner menu on our www.Tatianarestaurant.com)

30% WILL BE DEDUCTED FROM THE SALE OF THE FULL BILL, IF THE PARTY DOES NOT SHOW UP.

Name: _____

Type of Card (only VISA or MASTERCARD): VISA MASTERCARD

Credit Card Number: _____ EXP: ____/____

CVV Code _____

By signing below, I, the Cardholder, authorize the Tatiana Restaurant to hold my credit card information to serve as a deposit and payment for a specified party. I know my Credit Card will not be processed unless I fail to pay at the end of my party or in the event I cancel a party after 72 hours. I agree that my liability for the amount specified above is not waived and agree to be held personally liable in the event that the Credit Card issuer fails to pay any part of the charge.

CARDHOLDER SIGNATURE: _____

DATE: _____

All sales are final – Cancellations are not accepted.

In an effort to reduce unauthorized use of Credit Card information, a representative of the Tatiana Restaurant may contact the Cardholder to verify that the information above is legitimate and correct. Your understanding is appreciated.
If you have any questions regarding this form, please call Tatiana's Restaurant.

For Tatiana Restaurant Use:

Cardholder Contacted on: _____ Time: _____ By: _____

Above information is Correct and was sent by Cardholder: YES / NO

Comments: _____
