



MOZAMBIQUE CREDIT CARD AUTHORIZATION

| Event Information | |
|--|--------------------------|
| Restaurant Location: | |
| On-Site Contact: | |
| Date of Event: | Guest Count: Start Time: |
| Contact Information | |
| Print Name | |
| Phone Number | |
| Email Address | |
| Cardholder understands that this deposit holds their reservation date for . | |
| If they do not cancel their reservation 48 hours prior to , their deposit will be forfeited and not refunded. | |
| I , authorize to charge my card | |
| Card Type (check one): Visa MC Amex | |
| Dollar Amount Authorized | Date |
| Credit Card Billing Address | |
| Cardholder Name (Print) | |
| Cardholder Signature | |
| Billing Address | |
| City/ State/ Zip Code | |
| Credit Card Number | |
| Exp. Date | |
| Security Code | |
| Mozambique Authorization for Credit Card Payment Fax Only to: | 949-715-7101 |