

## **Credit Card Authorization Form**

Thank you for choosing ONE18 EMPIRE for your upcoming event!

This is to confirm your booking of the private dining room on Saturday, February 9, 2019 at 8:30 pm, for 16 guests.

Please complete all areas of the form below and ensure to sign and date it. Please email a scan of the completed form to ONE18 EMPIRE at info@one18empire.com

## **ADVANCE PAYMENT**

An advance payment of \$[DOLLAR AMOUNT] will be required in order to hold arrangements on a definite basis. This advance payment is due on [DATE] and will be credited toward the Master Account.

## **CANCELLATION**

In the event of a cancellation you will be charged your minimum spend requirement of 640.00 (16 guests x 40 menu). Please note that beverages are not included in this minimum spend requirement.

Final guest count is required 72 hours prior to your reservation time as you will be charged based on the guest count provided and not the number of people who show up night of your event. All parties of 8+ will be charged a gratuity of 18%.

Name as it appears on the credit card:\_\_\_\_\_

## **CARDHOLDER INFORMATION**

Card type:	□ Visa	□МС	□ Amex	☐ Diners/CB	□ Discover	□ JCB	
Account type:	□ Individua	al (Persona	l Credit Card)	·			
	□ Corporate	e   Compai	ny name:				
Account number:					Exp date:		
Address:					(where	statement is mailed)	
City, State and Zip:							
Phone number: Fa				Fax or Alt	Fax or Alternate Number:		
RATE INFORMATION AND APPROVED CHARGES							
Food and Beverage Minimum Spend:							
certify that all information is complete and accurate. I hereby authorize ONE18 EMPIRE Restaurant and Bar to collect payment for all charges as indicated ON this form by processing a charge to the credit card listed above. Charges must not exceed \$							
Cardholder name: (Printed):							
Cardholder signature:					Date:		