

Pre-Purchase Credit Card Authorization

Date _____

From _____

To 21 Oceanfront Restaurant
2100 W. Oceanfront
Newport Beach, CA 92663

Company _____

Address _____

Email _____

Phone (949) 673-2100

Phone _____

Fax (949) 673-2101

Fax _____

.....
I, the undersigned, authorize **21 Oceanfront Restaurant** to charge my Credit Card for the following purchase:

_____ Entire Bill

_____ Bottle(s) of Wine/Champagne, Bin# _____ Wine Name: _____ Price: _____

_____ Other Item(s) Please Specify _____

_____ Please Add Gratuity of _____% to the final bill. *(The current tax rate will be added to all charges)*

Please Send to the Table for the Reservation Listed Below:

Date: _____ Time: _____ Name of Reservation: _____

Comments: _____

Email Completed Form to info@21oceanfront.com or fax to 949-673-2101

Notecard Message for the Table

To: _____ From: _____

Message: _____

CARD TYPE: ___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

CARD _____ EXP _____ CVC _____

NAME ON CARD _____

BILLING ADDRESS _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____