

Pre-Purchase Credit Card Authorization

Date _____ From _____
To 21 Oceanfront Restaurant Company _____
2100 W. Oceanfront Address _____
Newport Beach, CA 92663 _____
Email _____
Phone (949) 673-2100 Phone _____
Fax (949) 673-2101 Fax _____

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

_____ Dinner, Amount if applicable \$ _____
_____ Bottle(s) of Wine/Champagne, Bin# _____ Wine Name: _____ Price: _____
_____ Other, Describe _____
_____ Gratuity of _____% will be added to the bill.
(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: _____

My credit card information is as follows:

Card # _____ Exp _____ CVC _____

Card Type Visa Master Card Amex Discover Diners

Card Holder Name _____ Card Holder Signature _____
(Please Print as it appears on the card)

Billing Address of Card _____

IMPORTANT: This form Must Be accompanied by a copy (front and back) of the credit card and a copy of the driver's license (front only) of the cardholder or the order will not be processed.

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

Notecard Message for the Table

To: _____ From: _____

Message:

