

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:

_____ 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:

