



The Bistro Garden Credit Card Authorization Form

Thank you for your interest in The Bistro Garden. For all credit card transactions where the credit card is not physically swiped, we require that the following form be filled out completely. A 3% processing fee will be charged for all transactions when card is not physically present to be processed.

Date: _____

Name of Cardholder: _____

Phone Number: _____

Billing Address (Street): _____

City/State: _____ Zip Code: _____

Email or Fax Number: _____

Card Number: _____ Exp. Date: _____

Type of Card:

- American Express
- Visa
- Master Card

Reason for Charge:

- Party deposit
- Gift Card
- Food or Liquor Charge

Date of Event: _____

Notes (optional): _____

Amount: \$ _____

Processing Fee (3%): \$ _____

Total Charge: \$ _____

I hereby agree to pay the above charge, including additional processing fee as applicable to The Bistro Garden restaurant.

Cardholder's signature: _____ Date: _____