

DEL POSTO
MOTHER'S DAY 2009
CREDIT CARD AUTHORIZATION FORM

Fax the completed form to (212) 807-6320. Attention: Lara Brumgnach
Or email form back to lbrumgnach@delposto.com

A \$50.00 deposit is required to hold your reservation. The reservation must be confirmed by Friday, May 1st, 2009 at 5pm. Cancellations received after that date will result in the loss of the total deposit.

Reservation Name: _____
Reservation Time: _____
Number of Guests: _____
Deposit Amount: _____

Credit Card Information:

I hereby authorize payment using my

_____ Visa
_____ Amex
_____ Master Card

Card Number _____ Expiration Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : Day () _____ Evening: () _____

Please do not forget to include the following on a separate page:

1. A LEGIBLE PHOTOCOPY OF YOUR CREDIT CARD (FRONT AND BACK)
2. A LEGIBLE PHOTOCOPY OF YOUR PHOTO IDENTIFICATION (PASSPORT OR DRIVER'S LICENSE).

The issuer of the card identified above and on the attached page is authorized to pay the dollar equivalent of the deposit detailed above. I hereby promise that I am the person identified in the photo identification on the attached page and, as such, agree to pay for the aforementioned deposit and/or loss of it in accordance to the terms of this contract listed above.

SIGNATURE _____ DATE _____