

Credit Card Authorization Form

Once completed with authorized signature, please send a scan via email to info@oliocucina.com OR fax to 1-866-615-3102.

We will email confirmation of your reservation with pre-payment receipt once processed.

EVENT: Santadi Sardinia Wir	ne Dinner	# of Guests:	
\$125.00 per person, inclusive of tax and gratuity.			
Event Day of Week: Thursday	Event Date: April	27, 2017 E	vent Start Time: 6:30PM

Name of Contact (& company name, if applicable):			
Mobile Phone #:	_ Email Address: _		Fax #:
**********	******	******	**********
Credit Card Information - Check One:Visa MasterCardAmex			
Credit Card #:		Expiratio	n Date:
Name on Card:			
Billing Address:			
**********	*******	******	**********
Total Charge Authorized*: \$*\$125.00 per person x the # of guests listed			
Authorized Signature:			
			Date:

I herein authorize Olio e Limone Ristorante to charge my credit card for the total charge authorized above.