

OUEST RESTAURANT
CREDIT CARD AUTHORIZATION FORM

Today's Date: _____

This is a note to authorize Ouest Restaurant to debit the following credit card account number for the amount of \$ _____

Gratuuity included _____ % / Not included

Reason for payment _____

Name of reservation (if applicable): _____

Day, Date and Time of reservation (if applicable): _____

Credit Card Number: _____

M/C VISA AMEX DINERS CLUB

Card expiration Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Card Holder's Billing Address: _____

Home Phone: _____

Work Phone: _____