

## BECCO CREDIT CARD AUTHORIZATION + CAKE FORM

EMAIL THE COMPLETED FORM TO INFO@BECCONYC.COM

ATTENTION: HOSPITALITY MANAGER

TELEPHONE (212) 397-7597

### Guest Information:

Reservation Name:	Anticipated Number of Guests:
Reservation Date:	Time:
I would like to authorize payment for (Check One): <input type="checkbox"/> Entire Bill <input type="checkbox"/> Gift Card Up to a certain amount: \$ _____	
<input type="checkbox"/> Cake (\$70) <input type="checkbox"/> Single Item:	

### Purchaser Information:

Name:		
Billing Address Line 1		
Billing Address Line 2		
City	State	Zip
Mailing Address Line 1 (if different)		
Mailing Address Line 2		
City	State	Zip
Phone Number		

### I Hereby Authorize Payment Using:

Card Type (Check One): <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Credit Card Number:	
Expiration Date:	CVV:

### Purchase information

Please choose from: <input type="checkbox"/> Chocolate Mousse Cake <input type="checkbox"/> Ricotta Cheese Cake <input type="checkbox"/> Cannoli Cream Cake
<input type="checkbox"/> Strawberry Shortcake (Seasonal)
Gratuity (Check One): <input type="checkbox"/> 20% <input type="checkbox"/> 18% <input type="checkbox"/> Other % _____
Note: gratuities are not included in the total; however, you may predesignate a gratuity to be added to your bill. You will retain discretion to adjust the gratuity amount (or to leave no tip at all) at the conclusion of the event or meal.
Special Instructions (i.e. "Happy Birthday", "Happy Anniversary", etc):
Would you like the cake to be added to the bill or on a separate check?    Is the recipient aware of this purchase?
If the gift is a surprise, would you like us to mention it before or after the meal?

The issuer of the card(s) identified above and on the attached page is authorized to pay the dollar equivalent of the items and services 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 items and services together with any other charges due thereon subject to and in accordance with the agreement governing the use of such card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 (driver's license or Passport) 3) please call Becco at (212) 397-7597 to confirm receipt of your fax.**