



15 E. 18TH STREET
T+1- 212-228-5400
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CREDIT CARD CHARGE AUTHORIZATION
(PLEASE PRINT)

I _____ FROM _____ AUTHORIZE
TARALLUCCI E VINO TO CHARGE THE FOLLOWING CREDIT CARD:

CREDIT CARD TYPE	
CREDIT CARD NUMBER	
CREDIT CARD HOLDER	
EXPIRATION DATE	
SECURITY CODE	

AMOUNT TO BE CHARGED ON ABOVE MENTIONED CREDIT CARD:

DATE OF PARTY	
DEPOSIT (IF APPLIES)	\$
# OF GUESTS	

SIGNATURE

DATE

***A \$30 PER PERSON WILL APPLY IN CASE OF NO SHOW OR PER HEAD CANCELLATION

PLEASE ATTACH COPY OF YOUR CREDIT CARD (BACK AND FRONT).

THANK YOU FOR YOUR COOPERATION.