



Credit Card Authorization Form

All information will remain confidential

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Direct Telephone: (_____) _____ - _____

Alternate telephone: (_____) _____ - _____

GIFT INFORMATION

Company Name / Purpose: _____

I authorize a one-time charge against my credit card

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning

_____/_____/_____ and ending after _____ payments.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____

Please write in capital letters



Additional Reservation Information

Type of Event (Personal/ Business/ Billing)

Onsite Contact

Menu Selection (A la Carte/ Prix Fix)

of Guests With Food Allergies or Dietary Restrictions

Pre-selected Wines

Is There Anything Else Needed For Your Event?

Please write in capital letters

Event reservation terms and conditions

Cancellation Policy For Parties from 7 people and up to 14 at Tartina. Reservations will be held with credit card number. In the event of that the reservation is cancelled after 12pm on the date of your event, your credit card will be automatically charged \$25.00 per person.

Cancellation Policy For parties over 15-19 at Tartina. Reservations will be held with credit card number. In the event of that the reservation isn't cancelled *7 /14 days before the date of your event(Please see cancellation policy on your contract/menu), your credit card will be automatically charged \$35.00 per person.. *Reservations are not confirmed until a signed contract and deposit is made. (See Agreement/ Confirmation/ due date and cancellation days prior to on contract/menu.)

Cancellation Policy For parties over 20 at Tartina. Reservations will be held with credit card number. In the event of that the reservation isn't cancelled *14 /30 days before the date of your event(Please see cancellation policy on contract/menu), your credit card will be automatically charged \$55.00 per person.. Reservations are not confirmed until a signed contract and deposit is made. (See Agreement/ Confirmation/ due date and cancellation days prior to on contract/menu.)

Guarantee Policy: A guarantee guest count is required *7 days in advance of your reservation(See agreement on your contract/Menu). However, if this guarantee is not received at this time, you will be charged for the original estimated number of guests. Acceptance and signature of this contract authorizes Tartina to charge any and all cancellation fees to the credit card on file.

Time Constraints & Penalties: In an effort to respect the integrity of the reservations made our by guests, we expect that your event will begin promptly within 15 minutes of the scheduled start time, and that the event will conclude within 15 minutes of the scheduled end time.

Payment Policy: A total of one (1) check will be presented to your party. The check may be paid with no more than three (4) different tenders in any combination of cash, or credit card.

I have read the above contract, restaurant policies and procedures printed in this contract. I agree to the terms and conditions mentioned above. This booking will remain tentative and subject to cancellation by the restaurant until this contract is signed by the organization (you) and received by the restaurant (us). Upon receipt of this form, I will put together your event based upon your specific needs and send to you via email for your approval. We look forward to working with you and having you at our restaurant and home!

_____ On behalf of Reservation Holder, Company

_____ On behalf of Tartina Restaurant

Tartina Restaurant 1034 Amsterdam Avenue, NY 10025 Tel.646-590-0577

www.tartina-restaurant.com

Signature _____ Date _____

Signature _____ Date _____

Return the completed and signed form to the following:

Tartina Restaurant

1034 Amsterdam Avenue

New York, NY 10025

Att: Maria Teresa Valestra - mariateresa@tartina-usa.com

