

**CHI SPACCA
CREDIT CARD AUTHORIZATION FORM**

EMAIL THE COMPLETED FORM TO INFO@CHISPACCA.COM AND CALL OUR HOSPITALITY TEAM AT (323) 297-1133 TO CONFIRM RECEIPT

Guest/Purchase 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"/> Food Only <input type="checkbox"/> Wine Only <input type="checkbox"/> Dessert Only <input type="checkbox"/> Up to a certain amount: \$ _____ <input type="checkbox"/> Other:	
Gratuity (Check One): <input type="checkbox"/> 20% <input type="checkbox"/> 18% <input type="checkbox"/> Other % _____ Note: gratuity is not included; however, you may predesignate a gratuity to be added to your bill. You will retain discretion to adjust the amount at the conclusion of the event or meal.	
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?	
In the case of wine purchase, would you like to pre-select the bottle? Would you like to speak to a sommelier?	
In the case of wine purchase, at what point during the meal would you like it presented?	
Would you like us to include a note? If so, please include the message here:	

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:

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 of Passport) 3) please call chi SPACCA at (323) 297-1133 to confirm receipt of your email.