

OSTERIA MORINI WASHINGTON D.C. CREDIT CARD AUTHORIZATION FORM

I, _____, give Osteria Morini restaurant the authorization to charge my credit card \$_____.

OR

I would like to purchase:

The Entire Bill plus service charge 18% (min) 20% other____

Food Only plus service charge 18% (min) 20% other____

Beverage Only plus service charge 15% (min) 20% other____

Specific Items: (see below) _____ plus service charge _____ %

For: _____

Reservation Name: _____

Date of Reservation: _____ Day of Reservation: _____

Time of Reservation: _____

(Please reply back to the sender of this email with this form filled out in its entirety)

Your Name: _____

Contact Phone Number: _____

Name as it appears on card: _____

Credit Card Number: _____



Type: _____

Exp. Date: _____

CVV#: _____

Signature: _____

Special Notes: _____