



CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ Authorize FEZZO'S Seafood, Steakhouse and Oyster Bar to charge my credit card in case of customer default.

For charges rendered. Not to exceed the amount shown.

REFERENCE _____

AMOUNT \$ 50.00 _____ USD.

Reservation date _____

CREDIT CARD TYPE _____

Time _____

CREDIT CARD # _____

Guest # _____

CARD CV2 # _____

Phone # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____

(As it appears on card)

SIGNATURE

DATE

FAX OR MAIL TO:

Fezzo's Seafood, Steakhouse & Oyster Bar
2111 Rice Capital Parkway
Crowley, LA 70526
337-783-5515
337-783-6466 fax

By signing I agree to be charged in cases of customer default of reservation agreement: 1) no show, 2) arrive with less than 75% of guest as stated. All reservations will be limited to 3 hours unless otherwise agreed upon and approved by management prior to date of reservation. The guest should arrive within 15 minutes of set reservation time or, the table will be used for other guest.