



## 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 \$ \_\_\_\_\_ 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.