

MAYFIELD

CREDIT CARD AUTHORIZATION FORM TO HOLD A RESERVATION

name: _____
date: _____
for _____ people
time: _____
cardholder's name: _____
cardholder's address: _____
credit card #: _____
exp. date: _____ phone number: _____

We respectfully request that the entire party be present before seating.
We are only able to hold a table for 20 minutes past the reservation time.

Please note our cancellation policy: Parties must cancel or change party size no later than 4 hours prior to the time of the scheduled reservation. Cancellation can be done in person, by phone or email. If a party fails to cancel their reservation or notify of any changes to the party size at least 4 hours in advance, a fee of \$50 per person will be charged to the card provided. This is the only situation in which we will charge this card.

I agree my liability for this card is not waived and agree to be held personally liable in the event that the indicated person or company fails to pay for any part or the full amount of these charges. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney fees and costs that have been incurred.

I, _____ (print name)
do hereby agree to the above terms.

(Signature) (date)