



GARY DANKO

**CREDIT CARD AUTHORIZATION**

Please email completed form to: reservations@garydanko.com

**Purchaser Information:**

Name: \_\_\_\_\_ . Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Email: \_\_\_\_\_ Copy of the receipt emailed? **Y / N**

**Reservation Information:**

Name: \_\_\_\_\_ . Date of Reservation: \_\_\_\_\_  
Time of Reservation: \_\_\_\_\_ Party Size: \_\_\_\_\_

**Items To Be Paid For:**

All Charges (please circle one): **YES / NO**  
Amount of Gratuity: \_\_\_\_\_ **PERCENT / DOLLARS**  
If not paying for all charges, what would you like to pay for:  
\_\_\_\_\_  
\_\_\_\_\_  
**7% SF MANDATE FEE & SALES TAX WILL BE ADDED TO ALL TRANSACTIONS**

**Note Card:**

If you would like a note card presented, please write your inscription below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Would you like us to present the card at the **START or END** of the meal? (circle one)

**THIS FORM AUTHORIZES RESTAURANT GARY DANKO TO CHARGE MY PERSONAL OR COMPANY CREDIT CARD.**

**CARD HOLDER SIGNATURE:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Credit Card Information:**

NAME ON CARD: \_\_\_\_\_  
CREDIT CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_