



6241 Highway 99
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530.695.3384 (P) 530.695.1206 (F)
www.pasquinifinefood.com

CREDIT CARD AUTHORIZATION FORM

- The card number provided **will be** used as form of payment for deposits **and** as final payment for the event unless otherwise specified.
 - The card number **will be** used to guarantee the room **and** for any applicable cancellation charges.
 - Event receipts charged to this card will be emailed to the contact information provided below.
-

Event Date: _____ Party Name: _____

I, _____, hereby authorize Pasquini's Fine Italian Food to secure the food, beverage, tax and gratuity with:

Credit Card Type: AMEX MC VISA DISCOVER

Credit Card Expiration Date: _____

Credit Card Account Number: _____

Printed Name of Card Holder: _____

Credit Card Billing Address: _____

CCV #: _____

Email Address: _____

Signature Release: