

4431 Easton Avenue Bethlehem, PA 18020 610.691.8400 telephone

Credit Card Authorization

Please complete the following credit card authorization form and drop it off at the restaurant or return it to management@bluegrillhouse.com. By dropping off or sending this document, I authorize Blue Grillhouse & Event Center to charge my card for the below stated amount. This document will only be valid if it is signed.

| Today's Date: | | | | | |
|--|----------------|------|------|--------------|---|
| Name (as it appears on the credit card): | | | | | |
| Email: | | | | | |
| Telephone Number: | | | | | |
| | | | | | |
| Reservation Name: | | | | | |
| | | | | | |
| Amount: Specific Item: | | | _ | Entire Bill: | |
| | | | | | |
| | | | | | |
| Additional Notes | - | | | | |
| | | | | | |
| | | | | | |
| Credit Card Type (circle one): | AMEX | MC | VISA | DISCOVER | |
| | AIVILA | IVIC | VIOA | DISCOVER | |
| | | | | | _ |
| Expiration Date: | Security Code: | | | | |
| Zip Code | | | | | |
| Card Holders Signature: | | | | | |