



4431 Easton Avenue  
Bethlehem, PA 18020  
610.691.8400 telephone

**Credit Card Authorization for Easter Buffet**

**I acknowledge that my card will be debited \$25 per person for my reservation if I fail to cancel by Wednesday, April 16, 2025 at 11am or fail to show for my reservation. All reservations must be canceled electronically to [easterbuffet@bluegrillhouse.com](mailto:easterbuffet@bluegrillhouse.com). Please be aware that an automatic 20% gratuity will be added to all checks. This form is only used for our cancelation policy, it will not be used to pay for your Easter Buffet.**

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

Name on reservation: \_\_\_\_\_

Guest count on reservation: \_\_\_\_\_ Highchairs- \_\_\_\_\_

Time of reservation: \_\_\_\_\_

Name (as it appears on the credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit Card Type (circle one):            AMEX    MC    VISA    DISCOVER

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Please call the restaurant to confirm that we have received your authorization form.**  
**Thank you,**

Card Holders Signature: \_\_\_\_\_

**Please Complete & "Reply All" to the email it was sent from.**

**You may print, fill out and return a picture of the completed form if you do not have a scanner.**