4431 Easton Avenue
Bethlehem, PA 18020
610.691.8400 telephone

Credit Card Authorization

I acknowledge that my card will be debited $25 per person for my reservation if I fail to cancel by Wednesday April 1st, 2026 at 11am or fail to show for my reservation. All reservations must be canceled electronically to 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.