



Credit Card Authorization Form

Reservation Name: _____ # in party _____

Reservation Date: _____ Time: _____

I, _____, authorize Estia Restaurant to charge my credit card for the specified items below. I understand this will include a 20% service charge and 8% sales tax and 10% alcohol tax.

Please check all that apply:

Entire Check Lunch/Dinner Just Dessert/Coffee Wine (please specify)

Champagne (please specify) Gift Certificate (please specify amt) Other (please specify)

Special Requests: _____

Cardholder Name (Please Print) _____

Cardholder Address: _____

Amex MC/Visa DC Card #: _____ Expiration Date: _____

Signature: _____ Telephone: _____

When would you like us to inform guests (check one):

When wine/champagne is served Before Meal After Meal

Additional information: _____

Please fax a copy of your card with this form to 215-735-1805 or email to info@estiarestaurant.com