



Reservation Name: \_\_\_\_\_ Reservation Date & Time: \_\_\_\_\_

I, \_\_\_\_\_, authorize **Estia Taverna Radnor, PA** to charge my credit card for the specified items below. I understand this will include a 20% service charge and 6% sales tax.

Please check all that apply:

Entire Check       Wine/Champagne       Gift Certificate: \$ \_\_\_\_\_       Other (please specify)

Special Requests / Notes / Wine Selection:

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

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize Estia Taverna to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Please fax this form to 484-581-7127 or email to [info@estiataverna.com](mailto:info@estiataverna.com)**