

CREDIT CARD AUTHORIZATION FORM



ACGAL Enterprises Inc.
DBA/ Prime Italian Steakhouse & Bar
15 Franklin Street
Lenox, Mass. 01240 (413)-637-2998
www.Primelenox.com

Date of Reservation: _____ Number of People: _____ Time of Reservation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Visa: _____ MasterCard: _____

Card Number: _____ Expiration Date: _____

IMPORTANT INFORMATION THAT WE REQUIRE - PLEASE READ:

Please include the following on a separate paper:

- PLEASE FAX US THIS COMPLETE FORM AND LEGIBLE COPY OF BOTH THE FRONT AND BACK OF YOUR CREDIT CARD.
By signing this form, you have accepted all of the above terms. (Without signature, the request will not be processed)
Cancellation and modifications to this reservation must be made at least 24 hours prior to reservation by calling 413-637-2998 or 413-822-5631 to avoid a \$25.00 per person charge to your credit card.
All provided information is kept STRICTLY confidential. We are a small restaurant and no one sees this information.
If you do not want to send credit card information we will need a check for \$50.00 per person.

I hereby agree to all the terms stated above: _____ (Signature)

Please fax this request with your information to 413-637-1050 between the hours of 9:00 AM and 3:00 PM DO NOT FAX AFTER 4:00 PM THANK YOU.