

CREDIT CARD AUTHORIZATION FORM



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

**Reservation Information (Very Important):**

Date of Reservation: \_\_\_\_\_ Number of People: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Time of Reservation: \_\_\_\_\_

Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ American Express: \_\_\_\_\_

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 **\$50.00 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 12 AM. DO NOT FAX AFTER 4:00 PM THANK YOU.**