tablevine 

1501 14th Street, Sacramento, CA 95814 916-942-9599

Credit Card Authorization Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the tablevine to charge my credit card account in the amount not to exceed: $

( ) VISA ( ) MasterCard ( ) American Express ( ) Diners Card

Credit Card Number:

Expiration Date: \_\_\_\_\_ /\_\_\_\_\_ VID Code: \_\_\_\_\_\_\_\_\_

**Credit Card Billing Address:**

Street:

City: State: **Zip Code**: \_\_\_\_\_\_\_\_\_ - \_\_\_\_

Telephone: ( ) \_\_\_\_\_-\_\_\_\_\_\_\_

**Receipt Emailed or Faxed to:** Fax Receipt: ( ) Yes ( ) No Email: ( ) Yes ( ) No

Fax Telephone: ( ) \_\_\_\_\_-\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder’s Signature Date

Service Requested:

( ) Gift Card Amount: Reservation (Name, Date and Time)

( ) Deposit Amount: Event Date, Time, Room:

( ) Dinner Amount: Barrel Room (up to 20 seats)

( ) Bottle of Wine Amount: Courtyard (up to 70 seats)

( ) Gratuity: \_\_\_\_\_18% \_\_\_\_\_20% \_\_\_\_\_22% \_\_\_\_\_ Other

Instructions:

Please attach copy of credit card for our records when returning this page.

Email to: [info@tablevine.com](mailto:info@tablevine.com) Or Fax to: 916-942-9686