243 E. 58th St., New York, NY, 10022 ● Phone: 212.758.1479 ● www.felidia-nyc.com

Credit Card Authorization Form

Your Contact Information:

Name: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____

Reservation Information:

Name on Reservation: _____
Date of Reservation: _____
Number of people in party: _____
Time: _____

Please state your reason of purchase & any additional notes:

_____

_____

Credit Card Information:

Type of Card: ☐ **AMEX** ☐ **VISA** ☐ **MasterCard** ☐ **Discover** ☐ **Other:** _____
(please indicate)

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Gratuity to be charged: _____%

_____ _____
Credit Card Holder's Signature **Date**

☐ **Check here if you want a copy your receipt e-mailed**

When shall we notify guest(s) of your payment:
☐ **Before service** ☐ **At the end of service** ☐ **Already notified** ☐ **Do not notify**

I, the above signed, certify that all the information is complete and accurate. I hereby authorize Felidia Restaurant, to collect payment for all the charges as indicated in the Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Upon completion of this form, please scan and e-mail it to reservations@felidia-nyc.com.
If you have any questions or concerns, please do not hesitate to contact us.