

Bistro 90
7209 Highway 90 Unit - A
Longs. S.C. 29568

Tel: 843-390-5151
Fax: 843-390-5152

Credit Card Authorization
(Please Complete ALL Fields)

Date: _____

Phone: _____

Cardholder's Name: _____
(As it appears on card)

Address: _____

Billing Address: _____

Type of Card: _____ 3-4 Digit Security Code _____

Account Number _____ Expiration Date: _____

I, the cardholder, authorize Bistro 90 to charge the above card for the following purchases,

*Bottle of Wine/Champagne \$ _____ *Round of Cocktails \$ _____

*Appetizers \$ _____ *Dessert Service \$ _____

*Partial Dinner Bill \$ _____ *Total Dinner \$ _____

*Gratuity % _____ * Gratuity \$ _____

*Gift Certificate in the amount of \$ _____

All charges are subject to a \$5 per transaction service/handling fee

Recipient Name: _____

Address To Be Mailed To: _____

Signature Required to authorize, if on mobile print in place of Signature: