

# AVRA

141 E 48<sup>th</sup> Street  
New York, n.y. 10017  
Ph:(212) 759-8550 fx:(212) 751-0894

## Credit Card Authorization Form

Reservation Name: \_\_\_\_\_ # in Party: \_\_\_\_\_

Reservation Date: \_\_\_\_\_ Time: \_\_\_\_\_

I, \_\_\_\_\_, authorize AVRA to charge my credit card for the specified items below. I understand that this charge will include service charge (Please choose one: 18% 20% 22% Other\_\_\_\_) and 8.875% NY Sales Tax (excluding gift cards).

### Please check all that apply:

- Entire Meal (Including Beverages)       Dessert / Coffee Only       Wine / Champagne Only (Please specify)  
 Gift Card       Other (Please specify)

Special Requests: \_\_\_\_\_

Cardholder Name (Please Print): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Amex-MC-Visa - Card# \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Signature: \_\_\_\_\_

When would you like us to inform guests:

- When Wine/Champagne served       Before Meal       After Meal (In lieu of check)

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Please send a copy of the front & back of your credit card along with a copy of the cardholder's valid I.D. to process your order. You may send via fax or email.

FAX: 212-751-0894 | EMAIL: [avra@avrany.com](mailto:avra@avrany.com) | WEBSITE: [www.avrany.com](http://www.avrany.com)

• PLEASE CALL US TO CONFIRM RECEIPT OF THIS FORM 212-759-8550 •