



Credit Card Authorization Form

Reservation Name: _____ # in Party: _____

Reservation Date: _____ Time: _____

I, _____, authorize AVRA MADISON to charge my credit card for the specified items below. I understand that this charge will an 8.875% NY Sales Tax (excluding gift card).

Charge following gratuity (please CIRCLE one): 18% 20% 22% Other _____%

Please check all that apply:

Dinner (including beverages) Dessert _____
(Please specify – Menu available online)

Gift Card \$ _____ Wine/Champagne _____
(Available online) (Please specify – Menu available online)

Special Requests: _____

Cardholder Name (Please Print): _____

Cardholder Address: _____

Amex MC/Visa DC Card# _____ CVV: _____ Exp. Date: _____

Signature: _____ Telephone: _____

When would you like us to inform guests:

Before Meal When beverages are served After Meal (In lieu of check)

Additional Information: _____

A front & back copy of your credit card along with a copy of the cardholder's valid I.D. are required in order to process your order. You may send via fax, email, and/or in person.

EMAIL: Avramadisonreservations@TheAvraGroup.com | WEBSITE: www.avrany.com

***We will NOT be able to process the transaction without a clear copy of the card and I.D.**

WE STRONGLY RECOMMEND CALLING TO CONFIRM RECEIPT OF THIS FORM 212.937.0100

AVRA MADISON: 14 East 60th Street, New York, NY 10022