



CREDIT CARD AUTHORIZATION FORM

Please use this form for pre-payment authorization and return to:

Fax: (619) 239-1379 - or - Email: frontdesk@asrestaurant.com

RESERVATION INFORMATION

Name on reservation: _____

Reservation date: _____

To pay for:

Entire dinner

The following item(s): _____

Instructions or additional comments: _____

TO INCLUDE a minimum 18 % gratuity or _____% gratuity.

** Please note a 4% surcharge will be added to all checks **

Maximum charge not to exceed \$ _____

HOST INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

I hereby authorize Mister A's Restaurant to charge my credit card:

Name as it appears on the card: _____

Circle: VISA MC DISCOVER AMEX

Account number: _____

Expiration date: _____

Security Code: _____

Cardholder Signature: _____ Date: _____

Please call 619-239-1377 to confirm form has been received.

All pre-authorization requests must be received by 4 PM for day-of-reservations.