

Le MaraisTM

Times Square[®]

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New York, NY 10036
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CHARGE AUTHORIZATION

CARDHOLDER INFORMATION

NAME: _____
PHONE: _____
FAX: _____
EMAIL: _____
CREDIT CARD #: _____ EXP: _____
CV CODE: _____

I HEREBY AUTHORIZE LE MARAIS RESTAURANT TO CHARGE MY CREDIT CARD FOR THE FOLLOWING:

RECIPIENT INFORMATION

NAME : _____
DATE OF RESERVATION : _____
TIME: _____ # OF PEOPLE: _____

WHAT WOULD YOU LIKE TO CHARGE ON YOUR CARD?

SUGGESTED GRATUITIES TO BE ADDED: 15% 18% 20%
(Please circle one)

SPECIAL INSTRUCTIONS:

SIGNATURE:

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF THE CREDIT CARD WITH THIS FORM