



Credit Card Pre-Pay Authorization Form

Please Print

Name: _____

Date: _____ Phone: (_____) _____ Fax: (_____) _____

Email: _____

Also, please add me to The New Forli Ristorante Email Newsletter:

Please fax this completed form to (925) 820-7894 or mail it to:

The New Forli Ristorante
3160 Danville Blvd.
Alamo, CA 94507

I _____ authorize Forli Ristorante to charge my credit card account for the services requested.

Name: _____

Date: _____ Time of Event: _____

Services: _____

Unless a different amount is specified \$ _____, a standard gratuity of 18% will be added to the bill.

Card Type: Amex MC Visa Discover

Card Number : _____

Expiration Date: _____

Name on Card: _____

Cardholder Signature: _____

Your personal message to include: _____

