

# TEATRO

## Credit Card Authorization Form

Thank you for your interest in Teatro. We are pleased to assist you with dinner arrangements for your guests.

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I authorize Teatro to charge the following item(s) to my credit card.

Name on Reservation: \_\_\_\_\_ Contact: \_\_\_\_\_

Date & Time of Reservation: \_\_\_\_\_ Number in party: \_\_\_\_\_

Item: Full Dinner Bill plus tax and gratuity

Gratuity: 18%  20%  other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

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

I authorize Teatro restaurant to charge my card for the amount of the

- Full Dinner Bill plus tax and gratuity - associated with the reservation listed above.

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

(We do not accept electronic signatures, please sign and return)

Date of Request: \_\_\_\_\_

Would you like a message presented to your guest? Yes  or No

If yes, please select how you would like the message relayed: Card  or Verbally

Message to say: \_\_\_\_\_

Would you like this bill presented to the host on the evening that you dine? Yes  or No

\*If no, the item will be placed on a separate check and will be paid for by the above credit card and will not be presented on the evening of the reservation.

\*I would like the receipt to be mailed/emailed or faxed to the following:

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**To guarantee the items charged to your credit card, please return this form within 48 hours.  
If not received 48 hours in advance, the order will be cancelled. Thank you for your cooperation.**

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