



Acceptance of Payment Form Credit Card Authorization

For: Reservation Name _____

Date _____ Time _____

Item: _____

Gratuity % or \$ amount: _____ (suggested gratuity is 18%)

Total Amount to be charged to card \$ _____
(If open ended please put TBD-To Be Determined)

I authorize full payment for the above to be applied to the credit card designated below.

Credit Card (circle one): Visa MasterCard American Express Discover

Account Number: _____

Expiration Date: _____

Name as it appears on card: _____

Signature of card holder: _____

Would you like any message conveyed with your purchase?

Cardholder phone number: _____

Cardholder email: _____

After purchase is completed in full, would you like Zaytinya to email you an itemized receipt confirmation. Mark one (X) Yes _____ Not Necessary _____

Please return this form to: to email info@zaytinya.com

ZAYTINYA

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