

Z U N I Café
Fax Credit Card Prepayment Form

Please fax this completed form to Zuni Café at 415.552.9149

**We MUST receive this completed
prepayment form at least 24 hours
before recipient's reservation.**

Date _____

Name: _____

****Zuni Café will contact you at this telephone
number once your order has been processed.****

Billing Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Circle One: VISA MasterCard American Express

Credit Card

Number: _____

Exp. Date: _____

Security code
from back of
VISA/MC and
front of AMEX _____

Prepayment Guest Information:

To: _____

From: _____

Reservation Name: _____

Reservation Date _____

& Time: _____

**Upon receipt of this
completed form, Zuni
Café will confirm
accuracy of credit card
informaion by charging
and deleting a \$1 charge.**

Prepayment Amount Information:

Circle: Lunch Dinner Wine Dessert Cookbook Cake

Other: _____

A 20% Fair Wage gratuity will be added to your bill to ensure more fair and equitable compensation for all Zuni employees
plus a 5% surcharge to support San Francisco employee benefit mandates.

Special instuctions:

Authorization:

I, _____, authorize the above items to be charged to the credit card listed above.

Signature _____

Date _____

Zuni Café Use Only:

Received by: _____

Processed by: _____

Date: _____

Date: _____

Confirmed CC _____

Server: _____

Confirmed Order w/ Customer: _____