

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 information by charging and deleting a \$1 charge.

**Prepayment Amount Information:**

Circle:      Lunch      Dinner      Wine      Dessert      Cookbook      Cake

Other: \_\_\_\_\_

Would you like to include tip? (You **must** check one; if yes, please indicate percentage)

No

Yes

Amount  %

**Special instructions:** \_\_\_\_\_

**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: \_\_\_\_\_