

ELWAY'S

Credit Card Authorization Form

Guest Name on Reservation: _____

Date of Reservation: _____ Time of Reservation: _____

Credit Card type: AM EX VISA M/C DISCOVER DINER'S

Name on credit card: _____

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code of Cardholder: _____

Authorizing Signature _____

Type full name to authorize charge.

Amount: \$ _____

Plus Local Tax 8% \$ _____

(Vail Tax 8.5%)

(check one)

Plus Tip? 15% 18% 20% other: _____

Special Notes? To? From?

Purchaser Contact Information: Name: _____

:

Phone Number: _____

Receipt e-mailed to this address: _____

Elway's Vail: fax to 970.754.7819 or scan/email vail@elways.com

Elway's Cherry Creek: fax to 303.399.7512 or scan/email info@elways.com

Please allow a minimum of 24 hours advance notice to insure delivery of this form.

(For Elway's at the Ritz Carlton: please contact the restaurant directly at 303.312.3107.)