



LA CÔTE

CREDIT CARD AUTHORIZATION FORM

CONFIRMATION INFORMATION

Reservation Name: _____

Date: _____

Time: _____

Number of Guests in Party: _____

I, _____, HEREBY AUTHORIZE THE FONTAINEBLEAU MIAMI BEACH TO CHARGE MY CREDIT CARD FOR THE SPECIFIED ITEMS BELOW, I UNDERSTAND THAT THIS CHARGE WILL INCLUDE 18% SERVICE CHARGE AND 10% SALES TAX.

Entire Dinner (Including Beverages)	Dessert Coffee (Only)	Wine (Please specify Bottle & Price)	Champagne (Please specify Bottle & Price)	Other (Please specify)

SPECIAL REQUESTS _____

CREDIT CARD INFORMATION

Please check one: Visa MC AMEX Diners Discover

CREDIT CARD # _____ EXPIRATION DATE _____

CARD HOLDER BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____ BILLING PHONE# _____

CELL PHONE _____ FAX _____ EMAIL _____

I certify that all information is complete and accurate. I hereby authorize Fontainebleau Miami Beach to collect payment noted above in the approved charges section of this form by processing a charge to the credit card listed above. By signing below I certify that I am the authorized signer and will be responsible for all charges authorized by this form. I am aware that if the information does not match the billing address the reservation will not be able to be processed.

CARD HOLDER'S SIGNATURE _____ DATE _____

WHEN WOULD YOU LIKE US TO INFORM GUESTS?

When Wine | Champagne Served Before Meal After Meal | (In lieu of check)

PLEASE COMPLETE AND FAX WITH PHOTOCOPY OF ID TO: 305-675-4674.
WE STRONGLY RECOMEND CALLING TO CONFIRM RECEIPT OF THIS FORM.

F O N T A I N E B L E A U M I A M I B E A C H