



# haxxasan

## 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: 305-675-2845.  
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