

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: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Circle One: VISA MasterCard American Express Security code from back of credit card
Credit Card Number: _____ Exp. Date: _____

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

Prepayment Guest Information:

To: _____
From: _____
Reservation Name: _____
Reservation Date _____
& Time: _____

Prepayment Amount Information:

Circle: Lunch Dinner Wine Dessert Cookbook Cake
Other: _____ for _____ people
Would you like to include tip? (You **must** check one; if yes, please indicate percentage)
No Yes Amount %

Message or other

special instructions:

Please give message: when seated before dessert after meal

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 Order w/ Customer: _____ Server: _____