

ZUNI 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: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Circle One: VISA MasterCard American Express  
Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Security code from back of VISA/MC and front of AMEX \_\_\_\_\_

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