



243 E. 58<sup>th</sup> St., New York, NY, 10022 • Phone: 212.758.1479 • [www.felidia-nyc.com](http://www.felidia-nyc.com)

## Credit Card Authorization Form

### Your Contact Information:

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Reservation Information:

Name on Reservation: \_\_\_\_\_  
Date of Reservation: \_\_\_\_\_  
Number of people in party: \_\_\_\_\_  
Time: \_\_\_\_\_

Please state your reason of purchase & any additional notes:

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### Credit Card Information:

Type of Card:  AMEX  VISA  MasterCard  Discover  Other: \_\_\_\_\_  
(please indicate)

Name on Card: \_\_\_\_\_

Please Indicate:  Entire Bill Purchase  Partial Purchase: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Gratuity to be charged: \_\_\_\_\_%

\_\_\_\_\_  
Credit Card Holder's Signature

\_\_\_\_\_  
Date

Check here if you want a copy your receipt e-mailed

When shall we notify guest(s) of your payment:

Before service

At the end of service

Already notified

Do not notify

I, the above signed, certify that all the information is complete and accurate. I hereby authorize Felidia Restaurant, to collect payment for all the charges as indicated in the Approved Charges section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Upon completion of this form, please scan and e-mail it to [reservations@felidia-nyc.com](mailto:reservations@felidia-nyc.com).  
If you have any questions or concerns, please do not hesitate to contact us.