



BaBBo



R I S T O R A N T E and E N O T E C A C R E D I T C A R D A U T H O R I Z A T I O N F O R M

FAX THE COMPLETED FORM TO (212) 777-3365 OR EMAIL TO HOSPITALITY@BABBONYC.COM

PLEASE CALL THE RESTAURANT AT 212 353 8064 TO ENSURE RECEIPT OF THIS FORM

Name:		
Address:		
City:	State:	Zip:
Mailing Address (if different):		
City:	State:	Zip:
Phone Number Day:		Evening:

I Hereby Authorize Payment Using My:

Visa:	American Express:	Master Card:	Diners Club:
Credit Card Number:			
Expiration Date:			

Your Purchase (Please Check All That Apply)

A Friend's Dinner:	Cake:
A Friend's Wine:	Book (Complete Additional Form):
Other (Please Specify):	
Reservation Name:	
Reservation Date:	Time:
Price Limit:	Gratuity %:
Type of Wine / Special Instructions:	
Is the customer aware of this purchase?	
If not, should we mention this before or after the meal?	

The issuer of the card identified above and on the attached page is authorized to pay the dollar equivalent of the items and services detailed above. I hereby promise that I am the person identified in the photo identification on the attached page and, as such, agree to pay for the aforementioned items and services together with any other charges due thereon subject to and in accordance with the agreement governing the use of such card.

Signature: _____ **Date:** _____

Please Do Not Forget to Include the Following On A Separate Page:

1. A Legible Photocopy of Your Credit Card (Front and Back)
2. A Legible Photocopy of Your Photo Identification (Driver's License or Passport)

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