



STEAKHOUSE

Credit Card Authorization Form

Reservation Name: _____ # in Party: _____

Reservation Date: _____ Time: _____

I, _____, authorize ARLINGTON CLUB to charge my credit card for the specified items below. I understand that this charge will include an 8.875% NY Sales Tax (excluding gift card).

Charge following gratuity (please check one): _____ 18% _____ 20% _____ 22% _____ Other

Please check all that apply:

Lunch / Dinner (including beverages) Dessert / Coffee Wine : _____
(Please specify)

Champagne: _____ Gift Card \$ _____ Other: _____
(Please specify) (Please specify)

Special Requests: _____

Cardholder Name (Please Print): _____

Cardholder Address: _____

Amex MC/Visa DC Card# _____ Exp. Date: _____

Signature: _____ Telephone: _____

When would you like us to inform guest(s):

When Wine/Champagne served Before Meal After Meal (In lieu of check)

Additional Information: _____

**PLEASE FAX A COPY OF YOUR
CREDIT CARD (front and back)*
WITH THIS FORM WITH A COPY OF CARDHOLDER'S VALID I.D. / DRIVER'S LICENSE TO
212-249-1100
or EMAIL to arlingtonoffice@taogroup.com**

*We will NOT be able to process the transaction without a clear copy of the card and I.D.

**WE STRONGLY RECOMMEND CALLING TO CONFIRM RECEIPT
OF THIS FORM (212) 249-5700**