



STELLA ALPINA OSTERIA

650-347-5733 PHONE

650-347-0712 FAX

401 PRIMROSE ROAD

BURLINGAME, CA 94010

WWW.STELLAALPINAOSTERIA.COM

EMAIL: ALISA@STELLAALPINAOSTERIA.COM

CREDIT CARD AUTHORIZATION FORM

TO: STELLA ALPINA OSTERIA

FROM:

Attn:

COMPANY:

DATE:

PHONE NUMBER

FAX NUMBER:

I, _____ (client name), authorize Stella Alpina Osteria, to charge my credit card according to the details below. I guarantee full payment of the account as described.

Amount to charge: \$ _____

(20% gratuity will be placed on all purchases except gift cards)

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF CREDIT CARD

Reason for charge:

_____ Gift Certificate _____ Deposit _____ Buying Dinner _____ Other

Name/date/time of Reservation: _____

Charge to: _____ AMEX _____ MC _____ Visa _____ Diners Club

Print Full Name on Card: _____

Card Number: _____ EXP: _____

Signature of Authorized User: _____

Billing Address of Cardholder: _____

Home/Cell phone number: _____

Work/Office Phone Number: _____

Address to send Gift Certificate: To/From/Address:

**Please Call 650-347-5733 to advise when your fax/email is on the way.
Thank you.**