

# FEROCE

## CREDIT CARD AUTHORIZATION FORM

Name of Reservation: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Date of Reservation: \_\_\_\_\_ Time of Reservation: \_\_\_\_\_

I, \_\_\_\_\_ authorize Feroce Ristorante and Bar to charge my credit card for the items/amount specified below. I understand that a NY State sales tax of 8.875% will be added to this amount except in the case of purchasing a gift card.

Please include the following gratuity to my check:                       18%    20%    22%    Other: \_\_\_\_\_

Please let us know what you are purchasing:

Full Dinner (Including Drinks)                       Dessert: \_\_\_\_\_  
(please select a specific menu item)

Bottle of Wine/Sparkling: \_\_\_\_\_  
(please choose a bottle from our list)

Are there any special requests? \_\_\_\_\_

Card Holder's Name (Please Print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

AMEX/VISA/MC/ DC CARD # \_\_\_\_\_ CVV: \_\_\_\_\_ Ex Date: \_\_\_\_\_  
(Please Circle Card Type)

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

How would you like us to inform the guests of your generosity?

Upon Arrival                       When Drinks Arrive                       When Check is dropped/In Lieu of Check

Any Additional Information?: \_\_\_\_\_

---

**A front & back copy of your credit card along with a copy of the cardholder's valid I.D. are required in order to process your order. You may send via fax, email, and/or in person.**

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

Email: ferocenyreservations@taogroup.com

Phone: 212.888.1092

**We suggest you call to confirm the receipt of this form and the copies of card and ID have been received**

Feroce Ristorante 105 West 28th Street New York, New York 10001