

CREDIT CARD AUTHORIZATION FORM



ACGAL Enterprises Inc.
DBA/ Prime Italian Steakhouse & Bar
15 Franklin Street
Lenox, Mass. 01240 (413)-637-2998
www.Primelenox.com

Reservation Information (Very Important):

Date of Reservation: _____ Number of People: _____ Time of Reservation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Visa: _____ MasterCard: _____

Card Number: _____ Expiration Date: _____

IMPORTANT INFORMATION THAT WE REQUIRE - PLEASE READ:

Please include the following on a separate paper:

- **PLEASE FAX US THIS COMPLETE FORM AND LEGIBLE COPY OF BOTH THE FRONT AND BACK OF YOUR CREDIT CARD.**
- By signing this form, you have accepted all of the above terms. (Without signature, the request will not be processed)
- Cancellation and modifications to this reservation must be made at least **24 hours** prior to reservation by calling 413-637-2998 or 413-822-5631 to avoid a **\$50.00 per person charge to your credit card.**
- All provided information is kept **STRICTLY** confidential. We are a small restaurant and no one sees this information.
- If you do not want to send credit card information we will need a check for \$50.00 per person.

I hereby agree to all the terms stated above: _____
(Signature)

Please fax this request with your information to 413-637-1050 between the hours of 9:00 AM and 12 AM. DO NOT FAX AFTER 4:00 PM THANK YOU.