



Credit Card Payment Authorization

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. For the following reservations:

Reservation Name: _____

Reservation Date: _____

Reservation Time: _____

I _____ authorize Honu Oceanside to charge my credit card indicated below for the full amount of bill plus 20% tip Yes/No.

If no What amount \$ _____

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

Visa MasterCard AMEX Discover

Cardholder's Name - _____

Credit Card Number - ____ - ____ - ____ - ____

Expiration Date - ____/____

Security Code (CVV) - ____

Individual's Signature _____ Date _____

Any notes to relay to the guests
