



Credit Card Authorization Form

1201 Front Ave, Suite E, Columbus GA 31901

Phone: 706.507.9099 | Fax: 706.507.9075

Reason: (Check One)

Gift Certificates

Special Events

Chef's Table

Pharmaceutical

Name of Reservation _____

Date of Reservation _____

Time of Reservation _____

Third Party Information

Name _____

Email _____

Phone _____

Fax _____

Method of Payment

Visa

MC

Amex

Discover

Diners

Name as it appears on the credit card Credit _____

Card Number _____

Expiration Date _____

Security Code: _____

Amount Charged*: _____

* For special events & chef's table reservations, your card will only be used to secure your reservation.

Comments _____

I hereby authorize Epic Restaurant to charge my card the amount specified. *

Signature _____

Date _____

* Please note that total will not be run until the evening of the reservation.

For office use only

Date sent: _____

By whom _____

Date Received: