



MOZAMBIQUE CREDIT CARD AUTHORIZATION

Event Information	
Restaurant Location: _____	
For Restaurant Use Only: On-Site Contact: _____	
Date of Event: _____ Guest Count: _____ Start Time: _____	
Contact Information	
Print Name _____	
Phone Number _____	
Email address _____	
Cardholder understands that this deposit holds their reservation date for _____.	
Cancellation policies apply: 12 hours' advance notice for table reservations on Veranda. 30 days written notice for group dining contracts.	
I, _____ authorize Mozambique Steakhouse to charge my card	
Card Type (Circle): Visa / MC / Amex	
Amount _____	Date _____
Credit Card Billing Address	
Cardholder Name (Print) _____	
Cardholder signature _____	
Card's Billing Address _____	
City/ State/Zip Code _____	
Credit Card Number _____	
Exp. Date _____	
Security Code _____	
Mozambique Authorization for Credit Card Payment Fax Only to:	949-715-7101