

Credit Card Authorization

Client Name:	Compa	any Name:
Date of Event:	Day of Week:Number of Guests:	
Time of Event:		
SEND to: Mistral Restaura 370 Bridge Parky gin@mistraldinir	vay Suite 6, Redwood City, 0	CA 94065
I authorize Mistral Restau	ant and Bar to use this card to	hold my reservation as detailed in their policies.
Signature	Name	Date
CREDIT CARD on file R	EQUIRED TO CONFIRM	(use for HOLD ONLY)
Please use this	card to hold the event, and	ther card may be used for the balance
CREDIT CARD on file to	And also be used for final balar	d / or nce (use for HOLD and FINAL Payment)
Please use this	s card to charge the balance	of this event
	& Beverage minimum is required	(use for DEPOSIT) to confirm all events of 50 people or more, and all events in event, after which becomes non-refundable.
Please use this	s card to deposit and confirm	n the event.
Full payment is due upon th cash. In certain situations w checks.	e completion of your event. We a e may accept a company check (to confirm a reservation for a large party at Mistral Restaurant. accept American Express, Visa, MasterCard, Discover, and (only with prior arrangement), but we do not accept personal
By signing this authori		erms and conditions listed in the agreement. In at you have read and agree to all of the terms and Policies.
Cardholder's Name		_
Credit Card #	 Exp	_// piration Date
Billing Address		_
Telephone number		_