

**PIZZERIA MOZZA NEWPORT BEACH  
CREDIT CARD AUTHORIZATION FORM**

EMAIL THE COMPLETED FORM TO [INFONB@PIZZERIAMOZZA.COM](mailto:INFONB@PIZZERIAMOZZA.COM)  
TELEPHONE (949) 945-1126

ATTENTION: HOSPITALITY MANAGER

**Guest Information:**

Reservation Name:	Anticipated Number of Guests:
Reservation Date:	Time:

**Purchaser Information:**

Name:		
Billing Address Line 1		
Billing Address Line 2		
City	State	Zip
Mailing Address Line 1 (if different)		
Mailing Address Line 2		
City	State	Zip
Phone Number		

**I Hereby Authorize Payment Using:**

Card Type (Check One): <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Credit Card Number:	
Expiration Date:	CVV:
Deposit Amount (if applicable):	

**Purchase information:**

I would like to purchase: <input type="checkbox"/> Entire Check <input type="checkbox"/> Food Only <input type="checkbox"/> Wine Only <input type="checkbox"/> Dessert Only <input type="checkbox"/> Pre-Ordered Cake
Gift Value (Before Gratuity):
Gratuity (Check One): <input type="checkbox"/> 20% <input type="checkbox"/> 18% <input type="checkbox"/> Other % _____ <input type="checkbox"/> To Be Determined at Conclusion of Event
Special Instructions:
Is the recipient aware of this purchase?
If the gift is a surprise, would you like us to mention it before or after the meal?

The issuer of the card(s) identified above and on the attached page is authorized to pay the dollar equivalent of the items and services detailed above. I hereby promise that I am the person identified in the photo identification on the attached page and, as such, agree to pay for the aforementioned items and services together with any other charges due thereon subject to and in accordance with the agreement governing the use of such card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do not forget to include the following on a separate page: 1) a legible photocopy of your credit card (front and back) 2) a legible photocopy of your photo identification (driver's license or Passport) 3) please call Pizzeria Mozza at (949) 945-1126 to confirm receipt of your fax.**