

JAZID TABLE RESERVATION FORM

*RESERVATION WILL BE HELD UNDER CARDHOLDERS NAME UNLESS OTHERWISE SPECIFIED

*ALL INFORMATION IS REQUIRED

*ALL INFORMATION IS CONFIDENTIAL

***PLEASE FAX TO 305-673-4039**

NIGHT RESERVATION IS FOR (DATE)_____

FOR HOW MANY PEOPLE IS THE RESERVATION? 1-5, 6-10, 11+ (PLEASE CIRCLE ONE)

ORDER FORM (PLEASE SELECT **ONE** ITEM FOR 5 PEOPLE, **TWO** ITEMS FOR 6-10 PEOPLE, **THREE** ITEMS FOR MORE THAN 11+)

VEUVE CLICQUOT	___ \$160		
GREY GOOSE	___ \$250		
WHITE WINE	___ \$100	BELVEDERE	___ \$250
RED WINE	___ \$100	KETEL ONE	___ \$250
BACARDI	___ \$200	JW BLACK	___ \$250
ABSOLUT	___ \$200	PATRON SILVER	___ \$250
STOLI	___ \$200		

TAX INCLUDED, GRATUITY WILL BE ADDITIONAL @ 20%

NAME AS APPEARS ON CREDIT CARD _____

BILLING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

TYPE OF CREDIT CARD: VISA MASTERCARD AMEX

(PLEASE CIRCLE ONE)

CARD NUMBER _____

EXPIRATION DATE _____

SECURITY CODE _____

(LAST 3 DIGITS ON BACK OF VISA/MASTERCARD, OR 4 UPPER RIGHT DIGITS ON AMERICAN EXPRESS)

DO YOU PREFER CONFRIMATION BY PHONE OR EMAIL (CIRCLE ONE)

BY SIGNING THIS YOU ARE AGREEING TO PAY THE AMOUNT IN FULL, UNDERSTANDING THAT WITHOUT 48 HOURS CANCELATION YOU WILL BE CHARGED IN FULL. PLEASE SIGN AND DATE

PRINT NAME

AUTHORIZED SIGNATURE

DATE