Ella Dining Room & Bar
Credit Card Authorization Form

I, _____, hereby authorize Ella Dining Room & Bar to charge my credit card account in the amount not to exceed $ _____.

☐ Gift Card Purchase
— OR —
☐ Pre-Pay for Dining Room

Credit Card Number: _____Expiration Date:_____/_____

Amount of gratuity applied to dining room purchases:
☐ 18% ☐ 20% ☐ Other (please specify) _____.

Credit Card Billing Address:

Street:_____

City: _____ State: _____ Zip Code: _____

Telephone: ( ) _____ - _____ email:_____

_____
Cardholder's Signature Date

Gift Card Info:

From:_____To:_____

Address (if different from above):_____

_____

Notes:_____

_____

_____

_____

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