



Credit Card Authorization Form

Email: Newport.seafood@gmail.com

Fax: 626-284-8442

- The card number will be used as form of payment for deposits and as final payment for the event delivery.
- The card number will not be used to guarantee any table or reservation.
- The card may be charged for any cancellations.

Delivery Date

Cardholder Name (Please Print)

Credit Card Type (Visa/Mastercard ONLY)

Credit Card Number

CVV (3 digit code on back of card)

Credit Card Expiration Date

Credit Card Billing Zip Code

I, _____, hereby authorize Newport Seafood Restaurant to secure the Food & Beverage, and tax and gratuity on this card.

Cardholder's Signature: _____