



Credit Card Authorization Form

Due to limited number of seats for dining, reservations with 10 or more guests will require a credit card authorization to guarantee a dining reservation.

Please fill out the requested information below, and sign where noted.

Please email form to the restaurant as soon as possible.

As soon as we receive the completed forms, we will confirm your reservation.

I hereby authorize the "The grill on main" restaurant to place a hold on the credit card below for a deposit of \$10 per person.

The deposit taken will be non-refundable if cancelled within 24 hours of reservation.

Cardholder's Name: _____

Cardholder's Billing Address: _____

City: _____

State: _____ Zip _____

Daytime Phone: ____-____-____ email address _____

Credit Card Type: Visa____ MasterCard____ Amex____ Discover____

Credit Card Number: _____--____--____--____

Expiration Date: _____ 3-Digit Security Code: _____

RESERVATION DATE _____ **TIME** _____ **GUESTS IN PARTY** _____

Amount of deposit on hold (\$10 per reservation guest): _____

Signature: _____ Date: _____

Email to: MANAGER@THEGRILLONMAINLQ.COM

*The Cardholder Name and Address that you list on this form must match the information on the credit card for the authorization to be accepted by Visa or MasterCard, American Express or Discover
Please note that we will process your reservation. Also be advised that we do not share information provided to us with any third party. We take special care to make sure that all account and personal information is held in the strictest confidence.