



CREDIT CARD AUTHORIZATION FOR PAYMENT OR EVENT DEPOSIT

Reservation Name: _____ Reservation Date: _____

I, the undersigned (*must be same as credit card holder*)

Print Name _____

authorize So Cal Restaurant Group to charge the following credit card for payment

Card Type: VISA MASTERCARD AMEX

Account # _____ CVV # / Code: _____

Expiration Date: _____ / _____ Billing Zip: _____

Amount Authorized \$ _____

Phone Number: _____

Email Address: _____

Signed and Authorized by: _____

Date: _____

**** A large party deposit of \$10 per guest applies to all reservations of 12 guests or more to hold your reservation. Deposits will be kept for large party reservations that are not canceled or modified within 48 hours of the reservation date and time. Thank you.***

Please complete and return this form to Events@roeseafood.com