

# CHISWICK

## *email/facsimile*

Attention:

From:

Fax no:

Date:

Email:

## AUTHORISATION OF BILL PAYMENT

In an effort to protect the security of your credit card, we require a photocopy of both sides of your credit card and driver's license or signed identification when returning your request form.

Please return the completed form to the details listed above.

### Reservation details

Date and day of booking \_\_\_\_\_

Name of booking \_\_\_\_\_

### Payment details (1.5% surcharge is applicable for all credit cards)

Type of credit card:    AMEX    BANKCARD    VISA    MASTERCARD    DINERS

Name of cardholder \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiry date \_\_\_\_\_ 4 digit security code (AMEX only) \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

If there is a limit on the amount to be charged, please specify \$ \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

We look forward to welcoming your guests to CHISWICK Restaurant.  
Please do not hesitate to contact the restaurant if you require any further information