



AUTHORIZATION FORM

This form is to authorize **Sadaf Persian Restaurant Encino Inc.** to charge my credit card for the amount listed below. I am aware and also accept this payment as a Non-refundable deposit. I am agreeing to the information below and with my signature I am agreeing to its terms.

Credit Card Information

Please circle one: AMEX / Visa / Master Card / Discover

Name on the Credit Card:

Credit Card #:

Credit Card Expiration Date:

Credit Card Billing Address:

C V V 2 "Security digits":

Amount to be charged to the Credit Card: \$ _____

Information of the Event

Please circle one: BANQUET / CATERING

"If this is catering", Address of Catering:

Date of Event:

Time of the Event:

Number of People at Event:

Signature _____

Today's Date: _____

PLEASE FAX COMPLETED FORM TO (818) 981-8100