

OFFICE USE ONLY	Dep processed by & date _____
	Bal processed by & date _____

Name in reservation or name of purchaser		
Event Date	Event Time	For delivery, location address and company name (if applicable)
Credit Card Information	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Number		
Name on card (Credit card holder)		
Card expiration	<i>MM/YY</i>	CV code
Billing street address		
City		
State		Zip
Phone		Email address
Amount of deposit <input type="checkbox"/> \$500 for Banquet only <input type="checkbox"/> \$2000 for Entire Restaurant <input type="checkbox"/> Other: \$_____		
Charge this card for the remaining unpaid balance at close of event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Food/Bev minimum (if applicable)	\$	Number of guests

I authorize **coco cabana** to charge my credit card for the deposit and event both stated above. The deposit will be deducted from the total cost of food and drinks consumed during the event. I understand that the deposit is not refundable for no-show, if I cancel less than 72 hours from the date of the event occurring prior to Thanksgiving, or if I cancel less than 4 weeks from the date of the event occurring after Thanksgiving. Credit card refunds will be subjected to card processing fee.

Signature of credit card holder	Date
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Please sign, date and email back to info@cococabanadublin.com (preferred) or fax (925) 361-7067.
Thank you for your interest in **coco cabana**.