

RESIDENTS

CAFÉ & BAR

Credit Card Authorization Form

Guest Name: _____

Date/time of Event: _____

Email Address: _____

Cardholder Information:

Cardholder Name (as it appears on the credit card) _____

Cardholder Billing Address: _____

_____ State: _____ Zip: _____

Credit Card Type: American Express Visa MasterCard
 Discover

Credit Card Number: _____ Exp. Date (MM/YYYY): _____

CVV : _____

I hereby authorize Residents Cafe & Bar to collect payment for all charges for the approved event of a food and beverage minimum of _____, in addition to 10% DC tax and 24% event gratuity. Residents Café and Bar will not honor any changes to the agreed minimum within 72 hours of the event. For groups of 20 or more guests, cancellations made within a week of the event will be subject to a rebooking fee of 50% of your stated food and beverage minimum. For groups with less than 20 guests, cancellations made within 72 hours of the event will be subject to a rebooking fee of 50% of your stated food and beverage minimum.

Cardholder Signature/Date: _____

Please complete and email to Reserve@residentsdc.com. Thank you!

Residents DC LLC, 1306 18th Street NW, Washington DC 20036