CATALINA

CREDIT CARD AUTHORISATION FORM FOR LUNCH OR DINNER

Thank you for your interest in covering payment for an upcoming reservation at CATALINA. Please complete and return this form to us at least 24 hours before the reservation time (ensuring all fields are completed). The reservations team will contact you to confirm receipt.

RESERVATION DETAILS

Reser	vation Name:			
				Number of Guests:
		YOU WOULD LIKE		
	Balance of Total Bill (I agree to pay for the total amount outstanding for this reservation. I understand the amount is unknown until after guests have dined).			
	Total Meal Costs Only			
	Nominated Amount of \$			
PLEAS	SE ADVISE IF YOU	WOULD LIKE TO A	DD A GRATUITY FOR	THE STAFF
	YES (percentage o	or amount)		NO
MESSAGE (IF YOU WOULD LIKE US TO PROVIDE YOUR GUESTS WITH A SHORT MESSAGE ON ARRIVAL)				
CRED	IT CARD DETAILS			
			ABOVE, TO THE FOLLON	
				/ 20
NAME ON CARD: SIGNATURE:				
Once completed, please email this form to reservations@catalinarosebay.com.au . Thank You!				
•	nyments upwards of ID matching the n	•	photo of the front of t	he card provided, together with