



CREDIT CARD AUTHORIZATION FORM

Date: _____

I, the undersigned, authorize Buster's Beach House Seaport Village to charge my designated credit card (listed below) for the following:

_____ **BANQUET DEPOSIT** AND/OR _____ **BANQUET BALANCE DUE**

AMOUNT: _____ TYPE OF CARD: _____

NAME ON CARD: _____

CARD NUMBER: _____

EXPIRATION DATE ON CARD: _____ CODE ON BACK OF CARD: _____

BILLING ADDRESS OF CARD HOLDER: _____

AUTHORIZED SIGNATURE OF CARD HOLDER

Name: _____ # of guests: _____

Name of Company or Organization: _____

Date of Function: _____ Time: _____

Banquet Room Requested: _____

A.M. Phone: _____ Fax Number: _____

P.M. Phone: _____ Cell Phone: _____

E-MAIL ADDRESS(ES): _____

BUSTER'S BEACH HOUSE SEAPORT VILLAGE
807 WEST HARBOR DRIVE
SAN DIEGO, CA 92101
(619) 233-4102 - RESTAURANT FAX, (619) 723-0075 - EVENTS DIRECT PHONE
E-MAIL: bustersevents@aol.com