Credit Card Authorization Voucher

I am:

☐ Purchasing Bix Merchandise

☐ Purchasing Dinner for A Third Party

Name, Date and Time of Reservation: _____

Items to be sent: _____

☐ Purchasing a Pre-Paid Gift Card

Specify For Whom: _____

From: _____

Please Mail Gift Card To:_____

Street Address: _____

Please Specify Any Special Instructions: _____

- **Gift certificates are the same as cash. They will not be replaced if lost or stolen.**
- **Gift certificates are sent via standard mail to address specified.**
- **Overnight/Two-Day Express delivery available. Please call to make arrangements - Special shipping charges will be borne by cardholder below.**
- **The restaurant cannot be responsible for late delivery of certificates not due to our fault.**

Payment Information

_____ Visa _____ Mastercard _____ DinersClub /Carte Blanche

_____ American Express _____ Discover

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date: ☐☐ / ☐☐ (mm/yy) CVC Code: ☐☐☐☐

Billing Zip Code: _____ **Amount Chargeable $_____ + ____% Gratuity**

Print Name: _____ Phone #: _____

All food and beverage sales will be charged an 8.625% sales tax and a 6.5% surcharge added to satisfy government employer mandates. All 3rd party requests for guests dining in the restaurant will also be charged a suggested 18% gratuity.

Cardholder acknowledges receipt of goods or service in the amount of total shown hereon and agrees to perform the obligation set forth in the cardholder agreement with issuer and restaurant. This authorization will expire one year from the authorization date.

Signature of cardholder: _____ Date: _____

Please complete, sign & email to info@bixrestaurant.com or FAX to 415-433-4574

BIX Restaurant ■ 56 Gold Street ■ San Francisco ■ p: 415.433.6300 ■ f: 415.433.4574