



Credit Card Authorization Form

Guest Name on Reservation: _____

Date of Reservation? _____ Time of Reservation? _____

Credit Card type: AM EX VISA M/C DISCOVER DINER'S

Name on credit card: _____

Credit Card Number - - - - - - - - - - - - - - - -

Expiration Date: -

Billing Zip Code of Cardholder - - - -

Amount: \$ _____

Plus Local Tax 8% \$ _____

(Vail Tax 8.5%)

(circle one)			
Plus Tip?	15%	18%	20% other:

Special Notes? To? From?

Purchaser Contact Information: Name: _____

Phone Number _____

Receipt e-mailed to this address: _____

Elway's Vail: fax to 970.754.7819 or scan/email vail@elways.com

Elway's Cherry Creek: fax to 303.399.7512 or scan/email info@elways.com

Please allow a minimum of 24 hours advance notice to insure delivery of this form.

(For Elway's at the Ritz Carlton: please contact the restaurant directly at 303.312.3107.)