



CREDIT CARD PAYMENT AUTHORIZATION

I, _____, hereby authorize the Five Sails Restaurant to charge all expenses incurred as indicated to the following credit card.

NAME ON CREDIT CARD: _____

COMPANY NAME: _____

CARD TYPE AND NUMBER: _____

EXPIRY DATE: _____

3 DIGIT CVC CODE (located on the back of the card) _____

AUTHORIZED SIGNATURE: _____ DATE: _____

RESERVATION NAME _____ DATE: _____

_____ All Charges
_____ Food
_____ Beverage
_____ Deposit _____
*Please refer to cancellation guidelines

_____ Gift Certificate _____
* Please note that gift certificates are not redeemable for cash/credit

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