

BLUE MOON FISH COMPANY

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Please fill out and fax or e-mail back for processing

PRE PAID RESERVATION AUTHORIZATION FORM

Reservation Name: _____

Number in party: _____

Reservation Date: _____ Time: _____

Phone: _____

Fax or E-mail : _____

Name on Credit card: _____

Billing Address: _____

Credit Card #: _____

Expiration Date: _____ CVV # _____

Amount: Full amount or Partial (*Circle One*)

Partial Amount : _____

Gratuity amount: 20%

Signature: _____