

# Blue Moon Fish Company

4405 West Tradewinds Ave.  
Lauderdale-By-The-Sea, Florida, 33308

(954) 267 - 9888

Fax: (954) 267 - 9006

[bluemoonftl@yahoo.com](mailto:bluemoonftl@yahoo.com)

Please fill out and fax or scan & E-Mail back for processing

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## Pre Paid Reservation Authorization Form

**Reservation Name:** \_\_\_\_\_

**# In party:** \_\_\_\_\_

**Reservation Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax or E-mail :** \_\_\_\_\_

**Name on Credit card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVV #** \_\_\_\_\_

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

**Partial Amount :** \_\_\_\_\_

**Gratuuity amount: 18% 20% (Circle One)**

**Signature:** \_\_\_\_\_