

# Blue Moon Fish Company

4405 West Tradewinds Ave.  
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(954) 267 - 9888  
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Please fill out and fax or scan & E-Mail back for processing

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## WINE BOTTLE PRE AUTHORIZATION FORM

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

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

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

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

**Fax:** \_\_\_\_\_

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

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

**City, St, zip:** \_\_\_\_\_

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

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

\*\*\*\*\*

**Wine Choice #** \_\_\_\_\_ **Wine Name** \_\_\_\_\_

**Gratuity: (Circle one):**    **20%**    **18%**

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