



Credit Card Authorization

A signed credit card authorization is necessary to secure function reservations and special event costs on behalf of any guest or group. When you are ready to reserve your room, please fill out and sign this form and deliver it to Mary Stella, Beacon Grille, Inc., 400 TradeCenter, Suite 1900, Woburn, MA 01801, or email to: events@thebeaongrille.com. Alternatively, the form may be faxed (781-933-0110), but for security reasons, please advise us by phone immediately before faxing it to us. For your protection, this authorization may be applied to this event only – subsequent credit card payments for other events will require separate copies of this form.

Cardholder understands and agrees that cancellation of his/her/its scheduled event within 30 days of the event will result in a forfeiture of the deposit; cancellation within one week of the event will result in Cardholder’s credit card being charged 30 percent of the estimated food and beverage revenue for the event; and cancellation within 72 hours of the event, or failure to appear for the event, will result in Cardholder’s credit card being charged the greater of 100 percent of the estimated food and beverage revenue for the event (based on the final guest count), or the food and beverage minimum, whichever is greater.

Cardholder name: [] Amount: \$ []
Cardholder address: []
Billing address: []
Phone number: [] Cell phone: []
Date of event: [] Number of guests: []
Time of arrival: []
Credit card: [] Visa [] MasterCard [] American Express [] Discover
Exact name on card [] Expires: [/]
Credit card number: [] 3 digit code: []

I have read, understand and agree to abide by the regulations and policies contained in this document, and in the services contract for my event. I authorize my credit card to be charged the full amount of the expenses incurred at my request-whether as noted above, in the services contract, and/or otherwise for the above described event only.

Cardholder’s Signature: _____ Date: _____