

Camille's

71 Bradford Street
Providence, RI 02903
Phone: (401) 751-4812
Fax: (401) 831-1554

www.camillesonthehill.com

CREDIT CARD AUTHORIZATION FORM PRIVATE/ CORPORATE FUNCTIONS

Contact Name:
Company Name:
Phone:
Fax:
Cell:
Email Address:

Date
Time
Function Type
Menu Selection
Estimated Count
Bar Selection
Amount

Name of Cardholder _____

Credit Card Number _____

Expiration Date _____

Billing Address _____

Authorized Signature _____

A \$200 deposit is required to secure the date of your function. The Guaranteed number of attendants is due no later than 48 hours prior to said event. Upon confirming, you must speak to a manager. If no guarantee is submitted, the expected attendance will be the guarantee, and billing will be based upon your guarantee or actual number, whichever is greater.

Cancellations require a notice of ten days prior to the event. Cancellation of functions after this date will result in loss of deposit. During the month of December, Holiday parties cancelled after December 1st will also result in loss of deposit.

*Use of the Private Dining Room requires a minimum of ten guests. Should you have less than ten guests, we will use the check average to calculate the difference between the actual number of attendees and 10 guests. This difference will then be applied to the check in the form of a room rental fee. No additional meals or gift certificates will be offered in lieu of attendees.