



R I S T O R A N T E • W O O D F I R E P I Z Z A • W I N E B A R



Credit Card Information

Please turn in this form with your agreement

7530 Montpelier Road
Laurel, MD 20723

11095 Resort Road
Ellicott City, MD 21042

Type of Card (check one) VISA MASTERCARD AMEX

Name on Card _____

Card # _____

Expiration Date _____

CARDHOLDER AGREES TO A DEPOSIT OF 50% OF THE TOTAL COST TO BE BILLED AT THE TIME OF ORDER. ON THE DAY OF THE EVENT, UPON CARDHOLDER'S ACKNOWLEDGEMENT OF RECEIPT OF GOODS AND/ OR SERVICES LISTED IN THE ORDER DETAIL FORM, CARD WILL BE CHARGED THE REMAINING BALANCE ACCORDINGLY.

Cardholder

Signature _____