



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 \_\_\_\_\_