



1616 J Street Sacramento, Ca 94814 Call/Text: 916-317-7828 Fax: 916-290-0320

Credit Card Authorization Form

This application must be completely filled out and returned to us accompanied by photocopies of a valid and current picture ID and the front and back of the credit card.

Please fax to the attention of: _____ at (916)290-0320

Credit Card Holder Name: _____

Card Billing Address: _____

Credit Card Number: _____ Exp. _____

Credit Card Type: VISA ___ MC ___ **Please Charge Amount of \$** _____

Phone No. _____ Fax No. _____

The following people are authorized to make reservations or changes on this account:

- 1.) _____
- 2.) _____
- 3.) _____

I hereby authorize my signature to be on file with Azukar Lounge for the purpose of applying any or all charges for services rendered to the above credit card.

- ❖ Rates are subject to 18% gratuity and sales tax.
- ❖ Rates, terms and conditions are subject to change without prior notice.
- ❖ Any VIP Cancellation must be made 48hrs advance of the date of event.

I hereby acknowledge and accept the various rates, terms and conditions set forth by Azukar Lounge and agree to pay for said services in full.

Authorized Signature: _____ Date: _____