



CREDIT CARD PAYMENT AUTHORIZATION

I, _____, hereby authorize the Five Sails Restaurant to charge all expenses incurred as indicated to the following credit card.

NAME ON CREDIT CARD: _____

COMPANY NAME: _____

CARD TYPE AND NUMBER: _____

EXPIRY DATE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

RESERVATION _____ DATE: _____

- _____ All Charges
- _____ Food
- _____ Beverage
- _____ Deposit _____

*Please refer to cancellation guidelines

_____ Gift Certificate _____

* Please note that gift certificates are not redeemable for cash/credit

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