



CIPRIANI

HALLOWEEN 2019 Payment Form

Cipriani 42nd Street
110 East 42nd Street New York, NY 10017

1. Table will only be reserved once full payment has been received. No tables will be held, they are on a first come, first serve basis.
2. 3 Credit Cards Maximum.
3. Each cardholder must fill out a separate credit card authorization form.

For Cipriani use only:

Table #: _____

of CC: _____

of WB: _____

I hereby authorize Cipriani to charge my credit card account number below for Food & Beverage

Services, in the amount of \$ _____.

(Insert Full Table amount including the 20% Service Charge & 8.875% Tax, refer to Green Number from ledger below)

	20,000.00	12,000.00	11,000.00	10,000.00	9,000.00	8,000.00	6,000.00	3,000.00
Table Amount	20,000.00	12,000.00	11,000.00	10,000.00	9,000.00	8,000.00	6,000.00	3,000.00
20% Service Charge	4,000.00	2,400.00	2,200.00	2,000.00	1,800.00	1,600.00	1,200.00	600.00
Combined	24,000.00	14,400.00	13,200.00	12,000.00	10,800.00	9,600.00	7,200.00	3,600.00
Sales tax at 8.875%	2,130.00	1,278.00	1,171.50	1,065.00	958.50	852.00	639.00	319.50
TOTAL DUE	\$26,130.00	\$15,678.00	\$14,371.50	\$13,065.00	\$11,758.50	\$10,452.00	\$7,839.00	\$3,919.50
Included:								
Liquor Credit	\$16,000.00	\$10,000.00	\$9,000.00	\$8,000.00	\$7,000.00	\$5,000.00	\$3,000.00	\$2,000.00
Number of Wristbands	20	10	10	10	10	10	8	8

Signature _____

Today's Date: _____

BY SIGNING ABOVE, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO THE CANCELLATION AND REFUND POLICY.

Name of Table Reservation _____ (Please Print Name Clearly)

Preferred e-mail Address _____ Phone # _____

Please complete form and send image of Credit Card (Front & Back) and image of Photo ID to cjaecklein@cipriani.com

For Credit Card Payment

Cardholder's Name _____
(as it appears on the card)

Full Street Billing Address _____

City _____ State _____ Zip _____ Country _____

Credit Card # _____ Expiration Date ____/____/____

CVV# _____

(3-digit code on the back of card or 4-digit on the front of the card for AMEX)

Signature of Card Holder _____

BY SIGNING ABOVE, YOU ACKNOWLEDGE AND AUTHORIZE THE ABOVE CREDIT CARD CHARGE.

For Wire Transfers:

Bank Name: Citibank
Bank Address: 330 Madison Avenue New York NY 10017
Account Name: 42nd Street Lessee, LLC
Account Address: 110 East 42nd Street New York NY 10017
Account Number: 6792770683
Routing/ABA: 021000089
SWIFT: CITIUS33
Bank Contact: Mr. Pashko Shkreli (212) 661 – 2822

1. Note table will only be confirmed when wire transfer has been received.
2. Please provide transfer receipt if you choose this payment method

CANCELLATION AND REFUND POLICY

- No refunds, once credit card has been charged or wire transfer has been received.
- If the event is cancelled, you will receive a refund in the same manner as payment was received.