



Credit Card Authorization

400 Main St. Newport Beach, Calif. 92661
Phone: (949) 673-4633 Fax: (949) 673-5085

*I hereby authorize the Harborside Restaurant and Grand Ballroom
in Newport Beach, California to charge my credit card for
Banquet or Restaurant related charges.*

Banquet Client Name: _____

Banquet Date: ____ / ____ / ____

Description of Payment: _____

Cardholder Name: _____

Cardholder Billing Address: _____

Business Ph: () _____ **Home Ph:** () _____

Method of Payment

Visa MasterCard Amex Discover

Credit Card Number: _____

Expiration: ____ / ____ / ____ **In the Amount of: \$** _____

Cardholder Signature: _____

Print: _____

Auth. Date: ____ / ____ / ____