



Credit Card Authorization-Required

400 Main St. Newport Beach, Calif. 92661

Banquet Office: (949) 673-5144

Scan and send to inquiry@harborside-banquets.com

*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: _____

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

Method of Payment

Credit Card Number: _____

Card CVC#: _____

Cardholder Name: _____

Cardholder Billing Address:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Expiration: _____ **In the Amount of:** _____

Cardholder Signature: _____

Print: _____

Auth. Date: _____