

CIELO RISTORANTE  
1435 Hylan Boulevard  
Staten Island, NY, 10305

Party Contract Deposit Form  
Credit Card Authorization Form  
(Deposits are non-refundable)

Name: \_\_\_\_\_

Date of the party: \_\_\_\_\_;

Party menu; \_\_\_\_\_, Drink menu; \_\_\_\_\_; Time of the party : \_\_\_\_\_

# of people : Min: \_\_\_\_\_ Max: \_\_\_\_\_ (min adults guarantee required)

Cell Phone # : \_\_\_\_\_

Credit card holder name : \_\_\_\_\_

Type of the card: Visa\_\_\_\_, Master\_\_\_\_, AMX\_\_\_\_, Discovery\_\_\_\_

Credit Card # : \_\_\_\_\_

Credit card security CVV#; \_\_\_\_\_

Expiration Date : \_\_\_\_\_

Amount of the Deposit : \$ \_\_\_\_\_

Credit Card billing address: \_\_\_\_\_

City; \_\_\_\_\_, state \_\_\_\_\_, zip \_\_\_\_\_

I hereby authorize Cielo Restaurant, to charge my credit card for party deposit.

Print name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Deposits are non-refundable.

THIS DOCUMENT IS INTENDED FOR ONE TIME USE, No verbal authorization for multiple use.