

PRE-PAY REQUEST FAX COVER LETTER

DATE:

TIME:

NUMBER OF PAGES INCLUDING COVER:

TO:

FROM:

***I hereby authorize BERTRAND AT MISTER A's Restaurant to charge my credit card
(We do not accept Discover Card)***

account number _____

expiration date _____

which will pay for the dinner of _____

Or the following item _____

For their reservations on the date of _____

To include a ____% gratuity, the maximum charge amount of \$ _____

Name _____

Authorized Signature _____

Date _____

Telephone number _____

Fax number _____

***THIS FORM MUST BE SIGNED AND FAXED BACK, OR SCANNED AND EMAILED BACK.
OUR FAX NUMBER: 619- 239-1379
OUR EMAIL IS Asrestaurant@aol.com.***

***IF YOU ARE RETURNING FAX BETWEEN 4:00PM Friday- 8:00AM Monday PLEASE CALL
TO INFORM HOSTESS AS OUR OFFICE IS CLOSED DURING THOSE TIMES***

If there are any problems with this fax please call 619-239-1377.