

de België

Credit Card Payment Authorization Form

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the reservation date to ensure acceptance of the credit card to be charged. **Do not send completed form by email.**

FAX COMPLETED FORM TO: (852) 2135 4814

ATTN: Ms. Connie Lee

CARDHOLDER - Please complete the following section and sign/date below.

Guest Name:		
Reservation Date:		
Phone Number:		
Cardholder Name as it Appears on Credit Card:		
Cardholder Billing Address:		
Credit Card Number:	Expiration Date:	
CVV Code:		
Credit Card Type: (Circle one)		
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> UnionPay
Credit Card Issuing Bank Name:		
Bank Phone Number (from back of your credit card):		

Note: Charges for dinner and service charge will be charged to your credit card immediately.

Amount to be immediately charged to credit card for deposit: \$_____

By signing below, you authorize de België to charge your credit card immediately for the amount indicated above. All charged deposit will be non-refundable.

Cardholder Signature:

Date:

*Monday to Sunday: Unlimited Frites for Happy hour (4 – 8pm)
(All food & drink purchased are subjected to a 10% service charge)*