

CREDIT CARD AUTHORISATION FORM

To protect the security of your credit card, we require a photocopy of both sides of your credit card & driver's license or signed identification when returning your request form.

Please return the completed form email enquiries@oliveto.com.au.

Reservation Details

BOOKING NAME:	
CONTACT NAME: CONTACT NUMBER:	
E-MAIL ADDRESS:	
RESERVATION DAY & DATE	
TIME OF BOOKING: NUMBER OF PEOPLE:	
DEPOSIT AMOUNT:	\Box
CREDIT CARD TYPE: VISA MASTERCARD AMEX DINERS OTHER (All credit cards incur a 1.5% surcharge)	
NAME OF CARD HOLDER:	
CREDIT CARD NUMBER:	
Expiry Date/ credit card verification number (CCV)//_	
I, the undersigned, have read the terms and condition of Oliveto and confirm the above information is correct.	
Signature: Print Name:	

We look forward to welcoming your guests to Oliveto Ristorante & Bar. Please do not hesitate to contact the restaurant if you require any further information