



# Pre-Payment Set Up

(Must be pre-arranged within 72 hours of guest's arrival at Scoma's)

Please Complete in Clear Print, Sign & Fax to 415.775.2601  
Or Scan & Send via E-mail to [seafood@scomas.com](mailto:seafood@scomas.com)

## Credit Card Holder Information

Name:	Telephone Number:
Email Address:	Fax Number:

I, \_\_\_\_\_ (Signature of Authorized Cardholder) AUTHORIZE  
SCOMA'S RESTAURANT TO CHARGE MY CREDIT CARD TO:

- Pay for the total amount of the Guest Check plus \_\_\_\_\_ % of the check for gratuity.
- Pay for \_\_\_\_\_ at \$ \_\_\_\_\_ plus \_\_\_\_\_ % gratuity.  
(food / beverage description)

Please advise your guest to check in at the front desk upon arrival at Scoma's.

Guest(s) Name	Date & Time of the Party	# of Guest(s)
Note:		

Your credit card information below will be destroyed as soon as the business office has completed the transaction.

## Payment

CREDIT CARD TYPE:     AMEX     DINERS     DISCOVER     JCB     MASTER     VISA

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

<b>For Office Use Only</b>
Authorized Amount: _____
Credit Card Authorization Code: _____
Authorization Date: _____

For further questions, please call Scoma's at: (415)771- 4383 or toll 1(800) 644-5852