



New York Yankees Steakhouse Midtown
7 west 51st Street, New York, NY 10019
Host 646.307.7910 Fax: 646.774.1190

CREDIT CARD AUTHORIZATION FORM

Purpose for Authorization: _____ Gift Certificate _____ Advanced Payment

Reservation Name: _____ Reservation Date ____/____/____
only applicable to advance dining payment

Special Instructions (Birthday, Anniversary etc.) _____

This is to authorize NYY STEAK to charge my account in the amount of \$ _____ on the credit card specified below, including a gratuity of

PLEASE CHECK DESIRED GRATUITY

____ 15% ____ 18% ____ 20% or Other _____ %

PLEASE CIRCLE CREDIT CARD TYPE

VISA MC AMEX DINERS CLUB JCB DISCOVER

Credit Card #: _____

Expiration Date: ____/____/____ (MM/YYYY) Security Code: _____

Name as it appears on the card: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Authorized Signature: _____

Print Name: _____