



The Lobster

1602 Ocean Avenue Santa Monica, CA 90401 Tel: 310-458-9294

CREDIT CARD AUTHORIZATION FORM

- GIFT CERTIFICATES \$ _____
- BANQUET EVENT (date/type) _____
- OTHER _____

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE/ZIP _____

TELEPHONE NUMBER _____ FAX _____

EMAIL ADDRESS _____

CREDIT CARD # _____

EXP DATE _____ NAME ON CARD _____

TYPE OF EVENT _____

DAY OF EVENT _____ TIME _____ # OF PEOPLE _____

I AUTHORIZE THE LOBSTER RESTAURANT TO USE MY CREDIT CARD FOR:

SIGNED: _____

(please fax this back with a clear copy of the front and back of your credit card. FAX #: 310-458-9654)