

Irving St. Kitchen
Pre-Pay Order Form
(Please print all information clearly)

Date: _____ Address: _____
Name: _____
Phone: _____ City: _____
Fax: _____ State: _____ Zip: _____

**** PLEASE COMPLETE THE FOLLOWING INFORMATION CLEARLY ****

Name as it appears on the card: _____

Cardholder signature: _____

Card Type (please check or circle one): Amex MasterCard Visa

Card Number: _____ Expires : ____ / ____

Reservation Name: _____

Reservation Date: _____ **Time:** _____ **# in Party:** _____

What would you like to purchase? Please circle all that apply :

Appetizer Brunch Dinner Wine Dessert Whole Check

For how many? _____ (# people)

A gratuity of 18% will be added to the bill unless a different amount is specified.

To: _____

From: _____

Message or special request :

Give Message (circle one): **When Seated** **Before Dessert** **After Meal**

Please fax completed form to: 503.227.0646

Authorization: I, _____, authorize the above items to be charged to the credit card listed above.

Signature: _____ **Date:** _____

Processed by: _____ Date: _____ Approval # _____ Amt. \$ _____ Comments _____