

CREDIT CARD DEPOSIT MAGNOLIA RESTAURANT

FIRST, LAST NAME: _____

DATE REQUESTED: _____

(Kindly note we are closed on Monday's)

TIME REQUESTED: PLEASE CIRCLE ONE: 5.30PM 6.00PM 6.30PM 8.00PM 8.30PM
(7PM AND 7.30PM ARE NOT AVAILABLE FOR PARTIES OF 7 OR MORE)

NO. ADULTS: _____ NO. CHILDREN (UNDER 10): _____

PARTIES OF 13 OR MORE WILL BE SPLIT ONTO 2 TABLES NEXT TO EACH OTHER, PLEASE SPECIFY HOW YOU WOULD LIKE THEM SPLIT HERE: 1 X TABLE OF _____ AND 1 X TABLE OF _____

HIGHCHAIRS REQUESTED: _____ BOOSTER SEATS REQUESTED: _____

NAME OF RESORT/VILLA: _____

ON-ISLAND TEL. NUMBER: _____

EMAIL ADDRESS: _____

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____/_____/_____/_____ EXPIRATION DATE: ____/____

PLEASE CIRCLE ONE: VISA MASTERCARD AMERICAN EXPRESS

SECURITY CODE: _____

SIGNATURE: _____

BY SIGNING THIS FORM YOU AGREE TO THE CHARGE OF A DEPOSIT FOR DINNER RESERVATIONS MADE AT MAGNOLIA RESTAURANT IN THE AMOUNT OF \$10 PER PERSON (INCLUDING CHILDREN THAT REQUIRE A SEAT). DEPOSIT WILL BE PUT TOWARDS YOUR FINAL DINNER BILL WHEN YOU DINE WITH US. **CANCELLATION OF THE RESERVATION AFTER 12PM THE DAY OF THE BOOKING WILL RESULT IN LOSS OF THE DEPOSIT.**