

**Gannon's
Mr. Tuttle, LLC
Wailea, Maui, Hawaii**
CREDIT CARD AUTHORIZATION

Guest / Group Name: _____

Date of event: _____ Service order # Top Right side of order: _____

Phone Number _____ Local Phone # _____

I irrevocably authorize my credit card to be used for services at Gannon's Restaurant, Maui, Hawaii. **

THIS PAYMENT CONFIRMS THAT YOU HAVE READ AND AGREE TO OUR TERMS, POLICIES & CONDITIONS.

Cancellation policy on non-exclusive events: A minimum of forty-five days' advance notice will be required in order to receive a deposit refund, less 10% service fee. Cancellations within 15 to 44 days will receive a 50% refund. If cancellation of the event is within 14 days prior to the event, the full deposit will be deemed "non-refundable." No-shows will be deemed "non-refundable." Cancellation policy on exclusive events (buy-out of the entire restaurant) A minimum of 60 days' advance notice will be required to receive a refund, less 10%. Cancellations within the 60 days prior to the event will be deemed "non-refundable." **Your CC statement is your receipt of payment to us.**

Comments: _____

Credit Card Type: _____ Code _____

Credit Card #: _____

Expiration Date: _____

Card Holder: _____

Print name exactly as it appears on card

**BILLING ADDRESS AND ZIP CODE OF BILLING ADDRESS
REQUIRED**

Address: _____

City/State/Zip _____

Amount of Charge Approved: _____

Location fee or 50% of menu cost, please note

Signature: _____

I warrant and represent that I am authorized to agree that charges for this event are posted to this credit card.

Once you have received a contract from our event department, please fill out the credit card authorization form to confirm your booking with us. We use our best efforts to store information securely and protect it from unauthorized access. Before sending in this form, please read our General Information page to ensure that you are in compliance with Gannon's policies. **THIS PAYMENT CONFIRMS THAT YOU AGREE TO OUR TERMS, POLICIES & CONDITIONS. Your CC statement is your receipt of payment to us.**

Complete and fax, email or mail to:

Gannon's Restaurant
100 Wailea Golf Club Drive
Wailea, Hawaii 96759

OR email to Susan

susan@bevgannonrestaurants.com

OR Fax 808-572-2725

**Mr. Tuttle, LLC may show on your
CC statement**

****IF CREDIT CARD IS USED AS GUARANTEE OF PAYMENT, A HOLD FOR THE ESTIMATED BALANCE WILL BE PUT THROUGH. All INVOICES ARE DUE IN ACCORDANCE WITH CONTRACT TERMS. AFTER 30 DAYS IF PAYMENT IS NOT RECEIVED, CREDIT CARD WILL BE CHARGED YOUR FINAL BALANCE DUE.**

IF YOU HAVE ANY QUESTIONS CONTACT GANNON'S AT 808-572-4945 OR BY E-MAIL AT susan@bevgannonrestaurants.com