

BOBBY VAN'S *Steakhouse*

Credit Card Authorization

Please fill out this form and fax it back to the proper location along with a
photocopy of the credit card.

Name:		
Phone:	Fax:	
Reservation Name:		
Reservation Date:	Time:	
Credit Card #:	Expiration:	
Name on Credit Card:	Billing Address:	
City:	State:	Zip Code:
Signature of Credit Card Holder Authorizing Transaction:		
X		

- ❖ ***Bobby Van's Broad Street fax:*** (212) 344-1099
- ❖ ***Bobby Van's Park Avenue fax:*** (212) 867-3350
- ❖ ***Bobby Van's 54th Street fax:*** (212) 207-8353
- ❖ ***Bobby Van's W 50th St. fax:*** (212) 957-1070
- ❖ ***Bobby Van's Times Square fax:*** (212) 575-5413