



# CREDIT CARD AUTHORIZATION FORM

## Johnson & Johnson Paul Martin's Irvine

Client Name: Min Kim  
Company Name:  
Date of Event: September 14, 2015  
Day of Week: Monday  
Time of Event: 6:00 pm PDT  
Number of Guests: 20 Estimated Guests  
Room/Space: Heated Lounge

Send to:  
Paul Martin's Irvine  
e-mail: neusha@pmagrill.com  
534 Spectrum Center Drive  
Irvine, CA 92618  
(949) 453-1144 [main]  
(949) 453-1155 [fax]  
neusha@pmagrill.com

NAME ON CREDIT CARD	
CREDIT CARD NUMBER	CREDIT CARD TYPE
	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER _____
CVV NUMBER (3-4 DIGIT SECURITY CODE)	BILLING ADDRESS
EXPIRATION DATE (MM/YYYY)	
ADDITIONAL NOTES	

I authorize Paul Martin's Irvine to use the card to hold my reservation as detailed in their policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

☐ Please use this card to charge the balance for this event.

