

# *Jhon's Place*

RISTORANTE ITALIANO

112 South Main Street, Old Forge, Pennsylvania 18518  
570-457-5470  
[www.jhonsplace.com](http://www.jhonsplace.com)

## **LARGE GROUP BOOKING CREDIT CARD GUARANTEE (10 or more Guests, Ala Carte)**

In order to guarantee a reserved space for groups of between ten (10) and thirty (30) guests, ordering from our regular À la Carte dinner menu, a credit card guarantee and authorization is required. (For groups of more than thirty (30) guests, being served À la Carte, the Banquet Contract should be used). In the event of a cancellation, or a reduction in the Guaranteed Number of Guests, less than four (4) hours before the Reservation Time, a charge of \$5.00 per person will be assessed and posted to the cardholder account for each guest short the Guaranteed Number of Guests. In the event of a "no-show," there will be a charge of \$10.00 per "no-show," assessed and posted to the cardholder account. With more than four (4) hours notice of Cancellation or reduction in Guaranteed Number of Guests, there is no penalty assessment.

These requirements for large groups are made to insure that staffing levels and preparations can be adjusted to maintain a consistently high quality of food, food presentation, and service. It is recommended that for these large groups you consider pre-ordering the first course and desert – letting your guests choose their main course when seated at the restaurant. Pre-ordering the entire meal is also an option.

A service charge of 20% will be added to the pre-tax total of all food and beverages, and a 6% sales tax will be added for the total of all food and non-alcoholic beverages. For large groups, only a single check will be rendered. No separate checks.

### **Credit Card Authorization**

**Today's Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Guaranteed Number of Guests:** \_\_\_\_\_

**Reservation Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Reservation Time:** \_\_\_\_\_

**Type of Credit Card:** \_\_\_\_\_ (VISA, MC, AMEX, DINERS/CB)

**Credit Card #** \_\_\_\_\_ **Expiration:** \_\_\_\_\_ / \_\_\_\_\_

**Cardholder's Name on Card: (printed)** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

I authorize the above card to be charged in accordance with the terms stipulated above.

**Please complete this form, sign it, and fax it to: (570) 457-5471**

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