

# Blue River Bistro

P.O. Box 5247  
Breckenridge, CO 80424  
970.453.6974

## Credit Card Payment Authorization Form

Sign and complete this form to authorize the Blue River Bistro to make a debit to your credit card listed below.

Please sign below to acknowledge you have approved the total charges and service including, but not limited to food and beverage minimum, deposit and amenities. In addition you have read and understand the Blue River Bistro policies and procedures and how they affect the below referenced event.

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### Please complete the information below:

I \_\_\_\_\_ authorize the Blue River Bistro to charge my credit card  
(full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)  
\_\_\_\_\_.  
(date of event)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the Blue River Bistro to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.