



176 Rinaldi Boulevard
Poughkeepsie, NY 12601
Phone: 845.486.9500
Fax: 845.486.9501

Credit Card Authorization Form

Cardholder's Name	
Card Number	Expiration Date
Telephone Number	
Authorized Signature	Date

This signature is in lieu of my signing the credit card slip for the merchant. By my signature on this form, I hereby authorize Shadows on the Hudson to charge my Credit Card for (check all that apply):

- Food and Beverage for _____ people dining on _____ under the name _____
(Number of guests) (Date of reservation) (Name of reservation)
- Not to exceed \$ _____
- Deposit of \$ _____ for catered event on _____ under the name _____

Notes

Any additional costs, as well as tax and gratuity, will be charged at the completion of dinner.

Please Return by Fax to: 845.486.9501

Or Mail to: Shadows on The Hudson
176 Rinaldi Boulevard
Poughkeepsie, NY 12601

Invitations for future events will be emailed,
please provide your address here:

Email: _____

No Refunds