



Authorization for Deposit

"Serving Orlando since 1991"

Contact _____ Tel: _____ Cell: _____

Reservation Date: _____ Time: _____ Number of Guests: _____

Email: _____ Cell#: (in Orlando) _____

®We have agreed on menu # _____

®We have agreed on the Bar Package # _____

®We have agreed to charge your card a \$500 deposit that will be applied to your final bill

Credit Card#: _____ Exp: _____ CVC: _____

Name on the Card: _____

Credit Card Address: _____

Company Email: _____

Today's Date: _____ Signature: _____

We are happy to make the arrangement you have requested. Please contact us with any questions. It is our pleasure to assist you.

Thank you for choosing Vincenzo Cucina Italiana, we look forward to serving you.

Josie@vincenzosorlando.com

Direct#: 407.334.6271

Restaurant: 407.745.4030

events@vincenzosorlando.com

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