



PREPAYMENT FORM

1550 Church Street
San Francisco, CA 94131
Phone: 415-641-4500
Fax: 415-641-4546

Reservation Information

Today's Date: _____

Reservation Name: _____

Reservation Date & Time: _____ Number in Party: _____

Items Purchased & Price: _____

_____ Gratuity to be Added to Bill: _____

Instructions: _____

Authorization

I, _____, authorize Incanto Restaurant to charge my account in the amount described above.

Name as it appears on card: _____

Visa / MasterCard / Amex: # _____
(circle one)

Expiration Date: _____

Signature of authorized cardholder: _____

Purchaser Information

Purchaser Name: _____ Phone: _____

Billing Address: _____

Please fax this form to 415-641-4546 to finalize your purchase. Thank you!