## Gather in Wailea Wailea, Maui, Hawaii

## **CREDIT CARD AUTHORIZATION**

## \*\*\*\*\*PLEASE DO NOT CONVERT THIS FORM TO ANY ANOTHER FORMAT\*\*\*\*

Other than a standard PDF if you MUST, however we prefer not

Guest / Group Name of booking:	
Date of event:Service order # Top Ri	ight side of order:
Phone Number Local Phone # I irrevocably authorize my credit card to be used for service Hawaii. **  THIS PAYMENT CONFIRMS THAT YOU HAVE READ A POLICIES & CONDITIONS. Cancellation policy on non-expectation of forty-five days' advance notice will be required in less 15% service fee. Cancellations within 15 to 44 days will recoff the event is within 14 days prior to the event, the full deposite No-shows will be deemed "non-refundable." Cancellation policy the entire restaurant) A minimum of 60 days' advance notice will less 15%. Cancellations within the 60 days prior to the event will your CC statement is your receipt of payment to us. Note to you. PAID amount will also be noted on your order will comments:	AND AGREE TO OUR TERMS, exclusive events order to receive a deposit refund, ceive a 50% refund. If cancellation will be deemed "non-refundable." on exclusive events (buy-out of II be required to receive a refund, III be deemed "non-refundable." O copy of payment will be sent with us.
Credit Card Type: Code Credit Card #:	Once you have received a contract from our event department, please fill out the credit card authorization form to confirm your booking with us. We use our best efforts to store information securely and protect it from unauthorized access. Before sending in this form, please read our General Information page to ensure that you are in compliance with Gather's policies. THIS PAYMENT CONFIRMS THAT YOU AGREE TO OUR TERMS, POLICIES & CONDITIONS. Your CC statement is your receipt of payment to us.  Complete email or mail to: Gather in Maui  100 Wailea Golf Club Drive Wailea, Hawaii 96759  OR email to Susan sjencks@gathergroupllc.com
Expiration Date: You can leave off the last 4 or 8 numbers and email them to me in a separate if you wish	
Card Holder:  Print name exactly as it appears on card  Billing address and ZIP CODE OF BILLING ADDRESS  REQUIRED  Address:  City/State/Zip  Amount of Charge Approved:  Location fee or 50% of menu cost, please note \$\$	
Signature:  I warrant and represent that I am authorized to agree that charges for this event are posted to this credit card.  Gather does not change any cc processing fees.	

\*\*IF CREDIT CARD IS USED AS GUARANTEE OF PAYMENT, A HOLD FOR THE ESTIMATED BALANCE WILL BE PUT THROUGH. All INVOICES ARE DUE IN ACCORDANCE WITH CONTRACT TERMS. AFTER 30 DAYS IF PAYMENT IS NOT RECEIVED, CREDIT CARD WILL BE CHARGED YOUR FINAL BALANCE DUE.

IF YOU HAVE ANY QUESTIONS CONTACT US AT 808-740.4039 OR BY E-MAIL AT sjencks@gathergroupllc.com