



**Reservation Advanced Purchase
Credit Card Authorization Form**

Reservation Name _____

Reservation Date _____ Time _____

Credit Card (Please Check One) American Express Visa MasterCard Discover

Cardholder's Name _____

Card Number _____

Expiration Date ____/____ Security Code _____

Phone Number _____

Email _____

Cardholder's Signature _____ Date _____

Please choose and initial an option below:

_____ I authorize El Chorro to charge my credit card for the full amount of purchase.

_____ I authorize El Chorro to charge my credit card for (please specify):

A 20% gratuity will be added to all purchases. If you have any questions, please call 480.948.5170.

Please return the completed form to:

E-mail: info@elchorro.com
Mail: El Chorro
5550 E. Lincoln Drive
Paradise Valley, AZ 85253
Attn: Admin