

# ABSINTHE BRASSERIE & BAR SPECIAL REQUEST FORM

*Please fill out and return by fax to: 415-864-2794  
Or mail to: 450 Gough Street, 2<sup>nd</sup> Floor, San Francisco, CA 94102  
Or scan and email to: talk@absinthe.com*

Name of Contact/Purchaser: \_\_\_\_\_

Date of Reservation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PLEASE SELECT ONE OF THE FOLLOWING:

\_\_\_ Purchase entire dinner including \_\_\_ % gratuity or \_\_\_ not including gratuity

\_\_\_ Purchase dessert \_\_\_\_\_ % gratuity or \_\_\_\_\_ not including gratuity

\_\_\_ Purchase a bottle of wine \_\_\_\_\_ % gratuity or \_\_\_\_\_ not including gratuity

\_\_\_ Other: \_\_\_\_\_ % gratuity or \_\_\_\_\_ not including gratuity

\_\_\_\_\_  
\_\_\_\_\_

## SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_

## MAIL RECEIPT TO:

\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT:

Credit card type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Amex \_\_\_ Diners \_\_\_ Discover

Credit card number: \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_