ABSINTHE BRASSERIE & BAR
SPECIAL REQUEST FORM

Please fill out and return by fax to: 415-864-2794
Or mail to: 398 Hayes St, San Francisco, CA 94102
Or scan and email to: talk@absinthe.com

Name of Contact/Purchaser: ________________________________
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:

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MAIL RECEIPT TO:

_________________________________________________________________________

_________________________________________________________________________

PAYMENT:

Credit card type: ___ Visa ___ Mastercard ___ Amex ___ Diners ___ Discover
Credit card number: _________________________________ Expiration: _____ / _______
Name on card: ___________________________________________
Signature: _____________________________________________ Date: ______