



Prepay Request Form
Please fax to: 970.754.8052 or
email to: info@larkspurvail.com

All prepay requests must be received in advance of the specified party or order.

Name of Party / Order: _____

Date and Time of Party / Pick Up:

Your Name: _____

Your Billing Address:

Your Contact Phone Number: _____

Type of Credit Card: **MasterCard** **Visa** **American Express**

Credit Card Number: _____

Expiration Date: _____

"I authorize you to charge my credit card to pay for the items listed below. I understand this charge will include 8.9% sales tax and 20% gratuity."

Cardholder Signature: _____

Date: _____

You would like to pay for: **Everything** **Other** (please specify) _____

Inform them: **Before dinner** **After dinner** **They already know**

Special Instruction/Message

For Larkspur use only:

This Prepay was requested by: **Phone** **Email** **Fax**

Ordered Processed by: _____ **Date:** _____