

THIS IS AN AUTHORIZATION FOR A [\$200] DEPOSIT AND AN ACCEPTANCE OF ALL TERMS AND CONDITIONS OF THIS CONTRACT STATED ABOVE.

PLEASE SIGN AND RETURN THIS FORM TO SAM KANTER - sam@samkanter.com

Client Signature: *[Signature]* Date: 1.3.19

*If you will not be present on the evening of the event and/or not the planning contact, please forward contract and all relevant information to the on-site contact.

Event Guarantee/Credit Card Authorization: (required)

The signature below authorizes Restaurant Dante to charge on the credit card listed below. I understand that charges applied to my credit card are for valid charges for which apply to event related charges or unpaid balances (if any) that remain outstanding at the conclusion of my event. I acknowledge that Restaurant Dante requires final payment at the conclusion of my event.

Type of Card: Visa Mastercard American Express Discover

Credit Card Number: 3782 628678 84033

Expiration: 9 / 23 CVV 9625

Name on Card: ROBERT SHANNON

Signature: x *[Signature]*

Cardholder's Billing Address: 1050 MASS. AVE., CAMBRIDGE, MA 02138

Cardholder's Phone Number: 617 588 0384