



Yankee Stadium
One East 161st Street
Bronx, NY 10451
Host 646.977.8325
Fax 718.838.6966

Purpose for Authorization

- Gift Certificate
- Advanced Payment

Reservation Name: _____

Reservation Date: _____

Reservation Time: _____

CREDIT CARD AUTHORIZATION FORM

I agree to authorize NYY Steak to charge my account in the amount of \$_____ or total bill.

Please include a gratuity of 18% 20% or ____%.

(Gratuity not applicable for Gift Certificate purchases)

PLEASE CIRCLE CREDIT CARD TYPE

VISA MC AMEX DINERS CLUB JCB DISCOVER

Credit Card #: _____

Expiration Date: _____

Name (as it appears on card): _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Authorized Signature: _____

Mail Gift Certificate to:

(\$3.00 service charge – sent via USPS standard mail)

Name: _____

Address: _____

Notes/Messages:

