

**ONLY FOR SPECIAL OCCASIONS.**

**Please print, fill out and fax form to 201.444.1172**

**MARCELLO'S/STABLE  
CONFIRMATION OF RESTAURANT RESERVATION**

At the request of the customer specified below ("Customer"), Marcello's/Stable Restaurant (please circle one) ("Restaurant") has set aside a table for a certain number of persons at a certain date and time specified below. Customer understands and agrees that Restaurant will lose revenue in the event that Customer fails to honor the reservation, and that the Restaurant will not be able to recoup the lost revenue. For that reason, Customer agrees that all cancellations require 24 hours' prior notice by fax at: 201-444-1172 or by e-mail at: [thestablerestaurant@hotmail.com](mailto:thestablerestaurant@hotmail.com) to avoid a cancellation fee of \$25 per person. A form of cancellation letter is set forth below for your convenience. Please be sure to keep your fax receipt or printout your e-mail so that you have proof of time and date of cancellation.

Date and time of reservation \_\_\_\_\_  
Number of guests \_\_\_\_\_  
Name of Customer (first and last) \_\_\_\_\_  
Phone # cell \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Type of credit card (VISA/Mastercard/Discover/AmEx) (circle one)  
Credit Card Account # \_\_\_\_\_  
Expiration Date of Credit Card \_\_\_\_\_  
Security number (last 3 numbers on back of card) \_\_\_\_\_  
Billing Address for Credit Card \_\_\_\_\_  
Amount Due \$ \_\_\_\_\_  
Signature of Customer, indicating Customer agrees to above \_\_\_\_\_  
Date signed \_\_\_\_\_

**NOTE TO CUSTOMER: PLEASE BRING THE COMPLETED FORM TO  
THE RESTAURANT TO GET PROPER CREDIT**

**CUSTOMER'S CANCELLATION OF RESERVATION NOTICE**

To: Marcello's/The Stable Restaurant (please circle one)  
From: Customer specified below

Please cancel my reservation for \_\_\_\_ guest(s) for the date of \_\_\_\_\_, for the time of \_\_\_\_\_.

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Customer