



TOMO JAPANESE RESTAURANT

EASTER BRUNCH AUTHORIZATION
FORM *Please complete all areas
below*

RECEIPT NAME AND ADDRESS:

SPECIAL MESSAGE (OPTIONAL):

April 5, 2026 _____

of GUESTS _____

CARDHOLDER INFORMATION

NAME *(as appears on card)*

BILLING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

CREDIT CARD TYPE

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

INVOICE/BILLING: I agree to \$25/per person deposit for event. The deposit will be deducted from the final check on the day of your event. I agree to 23% service to the final check. A credit card service charge of 3% will be applied to all credit card purchases.

I authorize TOMO Japanese Restaurant to bill my credit card in the amount of \$ _____ .00.

(authorized signature)

(date)

Thank you for your business.

TOMO JAPANESE RESTAURANT
3630 Peachtree Road, Suite 140, Atlanta, GA 30326 | Tel (404) 835-2708
For questions regarding billing, please contact info@tomorestaurant.com
or call at your convenience.
www.tomorestaurant.com