



# TOMO JAPANESE RESTAURANT

MOTHER'S BRUNCH AUTHORIZATION FORM  
*Please complete all areas below*

RECEIPT NAME AND ADDRESS:

SPECIAL MESSAGE (OPTIONAL):

MAY 10, 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](mailto:info@tomorestaurant.com)  
or call at your convenience.  
[www.tomorestaurant.com](http://www.tomorestaurant.com)