



Credit Card Receipt Form: Serafina Upper West (77th Street)

Please fill out the following information to receive credit card receipt:
Fax back to: (646) 368-1069 or Email: accounting@serafinarestaurant.com

Name on card _____

Type of card _____

Card number ____-____-____-____ || ____-____-____-____ (first and last 4 digits)

Lunch/Dinner _____

Date of dining _____

Amount spent _____

Contact name _____

Contact phone number _____

Please allow up to 48 hours to process your request.

Thank you,

Serafina Restaurant Group

Main Office at Cognac
1740 Broadway, New York, NY 10019
Phone: (646) 368-1138 Fax: (646) 368-1069
Website: www.serafinarestaurant.com
Email: accounting@serafinarestaurant.com