



Credit Card Receipt Form: Serafina White Plains

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

Email: [accounting@serafinarestaurant.com](mailto:accounting@serafinarestaurant.com)