Enjoy the many benefits of a Preferred Customer Account

It is easy to begin benefiting from a Preferred Customer Account. Once you apply you will be issued a Luna Rosa Preferred Customer Account Card. There are many advantages to the program:

- **Free** parking (normally $5)
- Earn points with every purchase (5% of every dollar spent)exclusive of Tax and Gratuity, which may be redeemed as credit.
- Make reservations, when space is available (an option offered only to members)
- Birthday **gift certificate** (up to a $50 value each for **you and your spouse** after you had used your card 4 or more times in the past year)
- Receive invitations to appealing food and wine events and early notice of other events and promotions
- Bring your own wine for special celebrations (nominal corkage Fee)
- Receive a complimentary newsletter subscription
- Be treated as one of the family in our Delray Beach Restaurant.
- Receive just one monthly statement
- We offer 2 types of payment options. You can have your invoice automatically billed to your credit card or you have your bill directly debited from your checking or saving account

APPLICATION FOR PREFERRED CUSTOMER ACCOUNT

In order to open your account, please select one of these payment methods

Name:_____ Email:_____

Address:_____

Billing Address (if different)_____

Phone# :_____FAX#_____Cell#_____

Birthday:_____ Spouses Name & Birthday_____

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENTS

I (We) hereby authorize Caffe Luna Rosa, Inc to charge my credit card of choice listed below to pay for the amount shown as Customer Total Balance on my monthly House Account invoices.

American Express: ☐ Visa: ☐ Master Card: ☐

Enter card number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration date: ☐☐/☐☐

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Caffe Luna Rosa, Inc , hereinafter called COMPANY, to initiate debit entries to my ☐ Checking Account/ ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of US law.

Depository Name:_____

Routing # (9 digits):_____ Account #_____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable amount of time to act on it (minimum 20 days)

Date:_____ Signature:_____

Please Mail or FAX completed form to

Mail: Caffe Luna Rosa
36 S. Ocean Blvd, Unit A1
Delray Beach, Fl 33483

Fax: 561-274-9957

I would prefer to receive my bills by email: yes / no