The Salt House
Pre-Pay Order Form

(***Please print all information clearly***)

Please email completed form to: office@salthousesf.com

Reservation Name: _____

Reservation Date: _____ Time: _____ Number in Party:_____

Your Name:_____

Email: _____

Phone: _____

Name as it appears on the card: _____

Cardholder signature: _____

Card Type: Amex _____ MasterCard _____ Visa _____ Other _____

Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expires : ___/___

For our most current menu, please visit our website at salthousesf.com.

Please list the items to be purchased:

_____

_____

_____

_____

A Standard gratuity of 18% will be added to the bill unless a different amount is specified

Message or special request:

_____

_____

Give Message: (circle one) when seated before dessert after meal

Authorization: I _____authorize the above items to be charged to the credit card listed above.

Signature: _____ Date: _____