

GIFT CERTIFICATE PURCHASE FORM

Date: _____ Amount \$: _____
From: _____
Contact: _____
Telephone#: _____ Fax#: _____

I AUTHORIZE THE OAXACAN KITCHEN TO CHARGE MY CREDIT CARD IN THE AMOUNT LISTED ABOVE.

Credit card Type: _____
Number: _____ Expiration: _____
Name on Credit Card: _____
Credit Card Billing Address:

Signature: _____

___ I will pick up the gift certificate at the restaurant (CREDIT CARD OWNER MUST BRING CARD)

___ Please mail the gift certificate to my Credit Card Billing Address.

___ Please mail the gift certificate to the following address:

Office Use Only (Must be completed)

Credit Card Processed By: _____

Date: _____

Billing Address Authorization#: _____