

Gift Certificate Credit Card Authorization

Date _____

From _____

To 21 Oceanfront Restaurant
2100 W. Oceanfront
Newport Beach, CA 92663

Company _____
Address _____

Email _____

Phone (949) 673-2100
Fax (949) 673-2101

Phone _____
Fax _____

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I, the undersigned, authorize **21 Oceanfront Restaurant** to charge my Credit Card for a Gift Certificate purchase as follows:

The purchase of _____ gift certificate(s) at \$ _____ each
(number of G/C's) (dollar amount each)

Total Charge shall equal: \$ _____ (Total Dollar Amount)

My credit card information is as follows:

Card # _____ Exp _____

Card Type Visa Master Card Amex Discover Diners

Card Holder Name _____
(Please Print as it appears on the card)

Card Holder Signature _____
(Sign as it appears on the card)

IMPORTANT: This form **Must Be** accompanied by a copy (front and back) of the credit card and a copy of the drivers license (front only) of the card-holder or the order will not be processed.

Gift Certificate Information	
To: _____	From: _____
Message: _____	
Mail Certificate To:	Name _____
	Address _____
