

Today's Date: _____



21 Oceanfront Gift Certificate

To order a Gift Certificate. Please print this form, complete and fax or email back.

(949)673-2100 phone ~ (949)673-2101 fax ~ info@21Oceanfront.com

* * * * *

I hereby authorize 21 Oceanfront Restaurant to charge my credit card for a Gift Certificate:

The purchase of _____ Gift Certificate(s) at \$_____ each
(# of GC's) (\$ of each)

Total Charge shall equal \$_____ (total dollar amount)

* * * * *

Details to be written on the Gift Certificate (please print clearly):

To: _____

From: _____

Message: _____

Mailing Information (please print clearly):

To: _____

Address: _____

Buyer Contact Information (please print clearly):

Name: _____

Phone: _____

Email: _____

I AUTHORIZE 21 OCEANFRONT RESTAURANT TO CHARGE MY CARD THE AMOUNT OF \$_____

CARD TYPE: ___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

CARD # _____ EXP _____ CVC _____

NAME ON CARD _____

BILLING ADDRESS _____ STATE ___ ZIP _____

SIGNATURE _____ DATE _____