

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
To: _____

Buyer Contact Information
Name: _____
Phone: _____
Email: _____

Credit Card Information (please print clearly):
Card # _____ Exp _____ CVC _____
Card Type: Visa Master Card American Express Discover Diners
Card Holder Name: _____ Card Holder Signature _____
Billing Address of Card: _____
IMPORTANT: This form Must Be accompanied by a copy (front and back) of the credit card and a copy of the driver's license (front only) of the cardholder or the order will not be processed. Email to info@21Oceanfront.com or fax to 949-673-2101.