

Gift Certificate Order Form

Date _____ Taken By _____

Order Taken: In Person By Fax

When completed, please fax this form to 425.454.8820

Amount of Gift Certificate: \$ _____

Purchaser's Name _____

Purchaser's Address _____

Phone (H) _____ (W) _____ (C) _____

On the Gift Certificate: To: _____

From: _____

Final Instructions: (Please Select Only One)

Mail to Purchaser's Address (above)

Hold for pick-up in the safe by _____ (date) by _____ (person)

Mail to Recipient's Address (below):

Recipient's Name _____

Recipient's Address _____

Method of Payment: Cash Credit Card

Credit Card # _____ Exp. _____ V MC AE Diner's Disc

Name (As It Appears On Credit Card) _____

Purchaser would like receipt: Mailed with certificate Mailed separately to purchaser's address (above)

Faxed to purchaser's attention at _____

Gift Certificate Issued By: _____

Date Issued: _____

Gift Certificate #: _____

Mailed To Purchaser _____ (date) **Mailed To Recipient** _____ (date)

Held in Safe **Taken In Person** _____ (date)

