

SAN FRANCISCO

15

ROMOLO

EST. 1912

NORTH BEACH

General Information

Name (Purchaser)

Today's Date

Telephone

Fax

Gift Certificate Information

To (Name as it is to appear on the certificate)

From

Dollar Amount

Credit Card Information

Please note that this letter authorizes 15 Romolo to charge my credit card as listed below. Please fax a copy of your credit card along with this form to 415 398 1359.

Type of Credit Card (Visa, Master Card, AMEX, Diners Club, Discover accepted)

Account Number

Expiration Date

Name as it appears on the Credit Card

Card Holder Signature

Delivery Information

All Gift Certificates are mailed via the US Postal System unless otherwise instructed. Please allow one (1) week for certificates to be mailed. A 10% fee will be charged for all cancelled or reissued gift certificates.

Name

Address

City

State

Zip Code

Mail Receipt to