



**GIFT CERTIFICATE
CREDIT CARD AUTHORIZATION FORM**

Please complete the following information and email a signed copy to:
info@charbar.ca

Name: _____ Company: _____
Phone: _____ Email: _____

GIFT CERTIFICATE

Gift Certificate Amount: \$ _____

To: _____ From: _____

☐ I will pick up the Gift Certificate

☐ I will pick up the Receipt

☐ Send Gift Certificate to:

☐ Send Receipt to:

CREDIT CARD INFORMATION

Name as it appears on the credit card: _____

Card Type: ☐ MASTERCARD ☐ VISA ☐ AMEX

Card No.: _____ Exp. Date: _____

Billing Address: _____
Street *City*

Province/State *Postal Code/Zip Code* *Country*

I, _____, authorize Charbar Restaurant Inc. to charge my credit card for the services detailed above.

(Signature)

(Date)