



Office use: Date printed: Card number:
--

PLEASE COMPLETE THIS FORM AND FAX IT TO 212.929.9010. THANK YOU.

GIFT CERTIFICATE INFORMATION

To: _____

From: _____

Amount: _____

Message: _____

Mailing Address: _____

MY CREDIT CARD INFORMATION

Name that appears on the credit card: _____

Credit card #: _____ Exp. Date: _____

Credit card type: _____ Security Code: _____

*We accept American Express, Visa, Master Card, Diner's Club, and JCB

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

SIGNATURE AUTHORIZING CHARGE

Signature

Date