



Credit Card Authorization Form & Gift Certificates Request
Please Fax to: (310) 499-5280 (Attention: Denis Boaro Owner/General Manager)

Name on card (Purchaser): _____

Gift Certificate # _____

Phone: () _____ Fax: () _____

Phone #2() _____ Today's Date: _____

Name (as it is to appear on certificate): _____

From: _____

Dollar Amount: \$ _____

THIS LETTER AUTHORIZES BASIL SEASONAL DINING TO CHARGE MY COMPANY OR PERSONAL CREDIT CARD *PLEASE FAX A PHOTOCOPY OF YOUR CREDIT CARD

Type of Card (circle one) AX VS MC DC



Credit Card Account Number#: _____

Name as it appears on credit card: _____

Expiration Date: _____

Card Holder Signature: _____

3 digit (VS/MC) or 4 digit (AX) security code: _____ (Code is on the back of VS or MC and on the front of AX)

Authorized amount: _____

MAIL TO (Circle One): Purchaser - Recipient - Pick Up

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail Receipt To: _____

Special Instructions: _____

*All certificate are mailed unless otherwise instructed**FedEx available upon authorization FedEx Priority Overnight__FedEx Standard Overnight__FedEx 2 Day__FedEx Express saver. Please initial FedEx Authorization _____

*Please allow 1 week for certificates to be mailed