



GIFT CERTIFICATE ORDER FORM

Gift Purchaser:

First Name _____
Last Name _____
Address _____
City _____ State _____ Zip _____
Tel. Home _____ Office _____ Fax _____
Email _____

Gift Certificates: [Please complete a separate order form for each gift certificate.]

Fill in the dollar amount of this Gift Certificate:

Amount: \$ _____ USD

Gift Recipient:

First Name _____
Last Name _____
Address _____
City _____ State _____ Zip _____
Email _____

Please Send Gift Certificate to: Purchaser's _____ Recipient's _____ email address

Message [Please Print]

Payment Information:

Please charge my _____ MasterCard _____ Visa _____

Name of Card Holder _____

Card Number _____

Expiration Date - Month _____ Year _____

Card ID Number _____

[The Card Identification Number is the group of numbers printed on your credit card rather than stamped in the plastic. These numbers are used by your credit card company to help prevent fraud. Because the card ID number is not printed on your receipts, it helps ensure that someone is not using your credit card fraudulently.]

By signing below, Card Holder authorizes Vista Grill Restaurant (Operadora Puerto Las Peñas S.A. de C. V.) to charge \$ _____ USD to this account

Signature of authorized buyer: _____

Please fax the completed order form to: 011 52 322 222-35 70