



HR GIFT CERTIFICATE ORDER FORM

Please fax this completed form to Hospitality Restaurants at 440-356-7206

Order Taken by _____ Date _____

Gift Certificate Denominations

_____ @ \$25.00 _____ @ \$50.00 _____ @ \$100.00

Subtotal = \$ _____

Shipping & Handling + \$ _____

Total = \$ _____

Shipping Options (circle one):

1. Priority Mail \$6.00
2. Priority Mail, Signature Required \$8.00
3. Express Mail, Signature Required \$20.00

Billing Information

Name _____

Address _____

City _____

State _____ Zip _____

Phone # _____

E-mail _____

Credit Card Type (Please circle one)

American Express Visa MasterCard Discover

Name as it appears on card _____

Card Number _____ Expiration Date _____

Card Security Code _____ (Located on back of card, last 3 digits on the right (4 digits for Amex))

Shipping Address (if different from billing address)

Name _____

Address _____

City _____

State _____ Zip _____

Message on Gift Certificate Envelope

(Optional)

To _____

From _____

