

# VILLA BERULIA

Restaurant & Bar

## Credit Card Authorization Form for Gift Certificate Purchase (PLEASE FAX BACK TO: 212-689-8823)

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax/Email \_\_\_\_\_

Monetary Value \_\_\_\_\_

Recipient Name \_\_\_\_\_

Memo \_\_\_\_\_

Form of Delivery (Circle)                      EMAIL                      MAIL

If Mail, enter address \_\_\_\_\_

\_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**I hereby authorize Villa Berulia Restaurant (D.B.A. Villa Berulia, Inc.) to charge my credit card listed above for the guarantee or deposit amount pursuant to the terms and conditions discussed.**

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Print Name

Cardholder Signature

Date