



Gift Card Request Form

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

Gift Card Amount: _____

Cardholder's Name - _____

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - ____/____

Security Code (CVV) - _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

I _____ authorize Honu Oceanside to charge my credit card indicated below for the deposit amount of \$ _____

Individual's Signature _____ Date _____

This Gift Card is to be delivered (Pick one):

Picked at the Restaurant

Person picking up Gift Card _____

Mailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Gift cards that are to be mailed will have a \$4.95 shipping fee