

DIAMOND'S EDGE
RESTAURANT & MARINA

GIFT CERTIFICATE AUTHORIZATION FORM

Purchaser: _____ Date Purchased: _____

Billing Address: _____

Mailing Address:

Notes or Special Message: _____

Phone Number: _____

Email: _____

Recipient: _____

Amount: \$ _____

Payment Method:

Cash Check Credit Card VISA MC Amex Discover

Card/Check Number: _____

Name on Credit Card _____

Expiration: _____ CVV Code: _____

----- For Diamond's Edge Official Use Only -----

Certificate No. _____

Employee Name: _____ Date: _____

Date Redeemed: _____ Certificate Voided? _____