

Gift Certificate Order Form

Purchaser Information:	Recipient Information:
Name:	Name:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Phone:	Phone:

Gift Certificate Information:	Billing Information:
Service and/or Amount:	Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Receive Method of Gift Certificate: <input type="checkbox"/> Mail to Recipient Please include \$1.00 S&H -----OR----- <input type="checkbox"/> Pick-up at Store Verification of Recipient Information Required	Credit Card Number: _____ Expiration: _____ CVC*: _____ *CVC: 3-Digits on the Back of your card where you sign
Total Amount:	-----OR----- Check Number: _____
I agree to pay above total amount according to card issuer agreement (Merchant Agreement if Credit Voucher) Signature: _____ Date: _____	Please make checks payable to: La Rose Nail Spa Send order form(s) to: La Rose Nail Spa 2230 Fourth Street San Rafael, CA 94901

-----DO NOT WRITE BELOW THIS LINE-----

Gift Certificate Number:	Processor Signature:
Value of Gift Certificate:	Date of Process: