



Gift certificate order form

Name			
Name of recipient			
Certificate to read			
Postal Address			
Daytime Number		Mobile	
Email Address			
Value of certificate	\$		
Certificate number			

Please make cheques to be made payable to –
'The Botanic Garden Restaurant' Address: North Terrace, Adelaide 5000.

Credit Card Payment. Type of Card (please circle) M/C / Visa / Amex / Diners

Card Number

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Name on Card _____ Expiry Date

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CCV

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Signature of Cardholder _____

Gift certificates are valid for 6 months from date of issue.

I acknowledge having received a copy of the general information and terms and conditions. I further comply with all respects of such conditions on acceptance of this application.

Signed: _____ Date: _____