



THE COMPOUND RESTAURANT

CREDIT CARD AUTHORIZATION – GIFT CERTIFICATE

Please fax to (505) 982-4868

NAME (PURCHASER) _____ GIFT CERT. # _____

PHONE: () _____ FAX: () _____

PHONE #2: () _____ TODAY'S DATE: _____

NAME: (AS IT IS TO APPEAR ON CERTIFICATE): _____

FROM: _____

DOLLAR AMOUNT: \$ _____

THIS LETTER AUTHORIZES THE COMPOUND TO CHARGE MY COMPANY CREDIT CARD OR PERSONAL CREDIT CARD. PLEASE FAX A PHOTOCOPY OF YOUR CREDIT CARD.

PLEASE "X" TYPE OF CARD: VISA: _____ MC: _____ AMEX: _____ DISCOVER: _____

CREDIT CARD ACCOUNT#: _____ EXP. _____

NAME AS IT APPEARS ON CARD: _____

CARD HOLDER SIGNATURE: _____

MAIL TO (CIRCLE ONE): PURCHASER RECIPIENT PICK UP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIL RECEIPT TO: _____

SPECIAL INSTRUCTIONS: _____

*All certificates are mailed unless otherwise instructed.

*Please allow 1 week for certificates to be mailed *A 10% fee will apply to all cancelled and reissued gift certificates.