Picholine Gift Card Purchase

fax / email to _____ **fax # / email** _____

phone _____ Employee _____ Date _____

To be completed by purchaser:

amount of gift card $ _____

purchaser information

- name _____
- address _____
- city /st / zip _____
- tel / fax _____

recipient information

- name _____
- address _____
- city /st / zip _____
- tel _____

on note with gift card

TO : _____

FROM: _____

method of payment ☐ cash ☐ credit card AE Visa MC Diners Club Discover

credit card number _____ expiration date _____

fulfillment ☐ mail to purchaser ***OR*** recipient (***choose one***) and add the charge noted below to my credit card:

Please note that gift cards are processed and mailed out Monday through Thursday, and ***require 48 hours to process****.*

indicate one: **FedEx** standard overnight @ $29 (domestic) to arrive by (date)_____

FedEx 2-day @ $23 (domestic) to arrive by (date)_____

US mail certified @ $5 (domestic)

☐ hold for pick-up on _____ ☐ between 9am-5pm ☐ after 5pm
day / date

I understand, and will explain to the recipient, that the gift card is considered cash, and ***cannot be replaced if lost****.*

authorized signature _____ **date** _____

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gift certificate issued by _____ date issued _____ card # _____

☐ logged in ☐ mailed _____ ***or*** ☐ held _____ ***or*** ☐ taken
when where

PICHOLINE FAX 212/875-8979