



Attn: Reservations

From: _____

Fax no: 02 – 9231 0480

Date: / /

GIFT CERTIFICATE REQUEST

Following is the information that we require to provide a gift certificate for use at Fix St James. We can provide a gift certificate for any given price you nominate.

GIFT CERTIFICATE DETAILS

Amount of the Gift Certificate: \$ _____

Message you would like on the certificate: _____

Person the Gift Certificate is from: Name: _____

COLLECTION DETAILS

I will pick the Gift Certificate up from Fix St James on ____/____/____

Please post the Gift Certificate to Name: _____

Address: _____

RECEIPT, if required.

Please post the receipt to Name: _____

Address: _____

PAYMENT DETAILS

Method of Payment: Cash Cheque Credit Card

Type of Card: AMEX BANKCARD VISA MASTERCARD DINERS

Cardholder's Name: _____

Credit card number:

Expiry date: / / Amount: \$ _____ Four digit security code: (AMEX only)

Signature of cardholder: _____ Contact Name: _____

Contact Phone Number: _____