





GIFT CARD AUTHORIZATION FORM

Gift Card* D	<u>etails:</u>			
For:				From:
Amount: \$		Note:		
			e at Olio e Limone Rist e due to open late wint	orante, Olio Crudo Bar, and Olio Pizzeria®, at Santa Barbara AND Westlak er/early spring 2015).
Please email	a scan to <u>in</u>	<u>fo@oliocuc</u>	ina.com or fax the	e completed purchase authorization form to 866.615.3102.
Gift Card Re	ecipient's N	Mailing Add	dress (N/A if you v	would like us to mail the gift card directly to you):
Name:				
Address:				
Phone:			Fax/Emai	l:
Purchaser's	Contact Ir	<u>nformation</u>	and Fax # or Er	mail Address to Send/Forward Copy of Receipt:
Name:				
Billing Addre	ss:			
Phone:			Fax/Ema	ail:
Method of P	ayment:			
Circle one:	Visa	MC	AmEx	Amount: \$
Name as it ap	pears on th	e credit car	d:	
Credit card n	umber:			Expiration Date:
Authorizatio	on:			
I, Crudo Bar. O	lio Pizzeria®	0) to charge	, herek mv credit card fo	by authorize Olio Cucina, Inc. (Olio e Limone Ristorante / Our the above indicated amount.
Authorizing s		, 0	•	
, tuttionizing o	•			Deter
				Date:
FOR OFFICE US	SE ONLY: GIFT	CARD AUTH	ORIZED BY:	
DATE GIFT CAR	RD MAILED / I	LEFT FOR PIC	K-UP / OTHER:	