

# BAROLO

Modern Italian Cuisine in Pacifica

650 355 5980 phone

650 355 1192 fax

www.barolopacifica.com

**Fill out ALL the information below and fax this form. For more information visit our website or call for any questions and special requests.**

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**Name:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_  
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## Authorization

I, \_\_\_\_\_ authorize Barolo Restaurant to charge my credit card for a gift certificate in the amount of \$ \_\_\_\_\_  
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## Gift certificate information

Recipient full name: \_\_\_\_\_

Giver full name: \_\_\_\_\_

Recipient mailing address: \_\_\_\_\_  
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## Payment information

Name as it appears on card: \_\_\_\_\_

Signature by authorized cardholder: \_\_\_\_\_

Card type (*circle one*):    Visa    |    M/C

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

CVV2 (*3 digit number located in back of card*): \_\_\_\_\_