



RESTAURANT AND BAR

THE WHARF
ph.345-949-2231
fax.345-949-0397
thewharf@candw.ky
www.thewharf.ky

Gift Certificate Creditcard Authorization Form

I, _____ hereby authorize The Wharf Restaurant to charge the amount of US\$ _____ to my credit card account for the payment of the following Gift Certificate:

- | | |
|--------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> US\$ 50.00 | <input type="checkbox"/> CI\$ 25.00 (US\$ 31.25) |
| <input type="checkbox"/> US\$ 100.00 | <input type="checkbox"/> CI\$ 50.00 (US\$ 62.50) |
| | <input type="checkbox"/> CI\$ 100.00 (US\$ 125.00) |

Today's Date: _____ Phone Number: _____ Email: _____

Credit Card Type: _____
 Credit Card Number: _____
 Expiry Date: _____
 Name on the Credit Card: _____
 Card holder's signature: _____

Name and address on the Island for the person you are purchasing the Gift Certificate for:

Date of arrival: _____

We accept Visa, Mastercard & American Express