

Le Bernardin

TEL 212-554-1515 | FAX 212-554-1100 | DINE@LE-BERNARDIN.COM

GIFT CARD ORDER FORM

Name of Recipient	
Name of Donor/Presenter	
Amount (\$)	

Shipping Options: Please select from the below

☐ Standard United States Postal Service \$5.00 per gift card

☐ Express Mailing via FedEx or UPS at the customer's expense

☐ Please charge my UPS or FedEx Account. Account Number: _____

☐ Please charge my credit card an additional shipping cost per the table below

Northeast	\$30
Midwest & South	\$35
West Coast	\$40

☐ Pick Up at the following times: Lunch 12-2:30PM Mon-Fri or Dinner 5:30-10:30PM Mon-Sat

Please specify date and approximate time: _____

Shipping Address:

To:

Day Time Phone Number:

Address:

Gift Cards are redeemable exclusively at Le Bernardin and are non-refundable. Gift Cards are not redeemable for cash and may not be replaced if lost or stolen.

Name on Credit Card			
Phone Number			
Email Address			
Credit Card Number		Security Code	
Billing Zip Code		Expiration Date	
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		

I authorize Le Bernardin to charge my credit card account without my signature for the full amount of the items selected above and I agree to pay such charges without my signature.

Signature of Card Holder	
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For Office Use Only

GIFT CARD # (last 4 digits): ____ ____ ____ ____

Date Sent: _____ Initials: _____

Date Received: _____ Initials: _____