



GIFT CARD AUTHORIZATION

Date _____

whym restaurant
889 9th Avenue
New York City, 10019

Fax: 212.315.2985 – Attn: Office Manager

Please let this letter serve as formal written authorization and approval for whym to charge the credit card listed below for the purchase of a gift card in the amount of \$_____.

Sincerely,

Credit Card Holders Name

Credit Card Information

C.C. Account Number _____ Expiration Date _____

Card Holders Name _____ Phone Number _____

Card Holders Address _____

Card Holder Signature and Date _____

We will be happy to forward this gift card to another person on your behalf. Our gift cards are like cash and are not replaceable. We cannot be held responsible if the gift card is lost. We will be happy to send this purchase by registered mail at an additional cost.

Gift Recipient:
Name and Address: _____

Instructions: