50 DANIEL STREET, MILFORD, CT 06460
TEL 203.874.7947 FAX 203.878.0252

Gift Certificate Credit Card Authorization Form

Stonebridge Restaurant requires that the following information be obtained in order to process any credit card purchases when we do not have physical possession of the card, the embedded information in the magnetic strip, and/or an authorized signature. Please fill out this form and fax to:

(203)878-0252 ATTN: Phil Conine or Lynn Conine

Name on Card:_____

Credit Card Type: AMEX☐ VISA☐ MC☐ DISCOVER☐ DINERS☐

CC Number:_____ Expires: _____/_____

Cardholder Tel# _____ _____Fax #_____

Gift Certificate Information:

Amount of _____ and 00/100 Dollars

Send to: Name:_____

Street Address:_____

City:_____State:_____ Zip:_____

Salutation to be written on card: TO: _____

FROM: _____

I certify all information provided is true and correct, that I am an authorized user of the above credit card, and I hereby authorize StonebridgeRestaurant to make charges as specified above. Stonebridge Restaurant will provide (via facsimile) a copy of sales receipt upon request.

_____

(Authorized Signature) (Date)