

CAFE SYDNEY

Date _____

PURCHASER DETAILS

Name _____

Email _____

Phone _____

GIFT CARD DETAILS

Number of Gift Cards to be purchased _____

Value amount of each Gift Card _____

Total amount to be charged to credit card details below _____

To: _____

Personalised message (optional) _____

From : _____

Pick up from Cafe Sydney Date of pick up _____

Registered Post 3-5 business days

Express Post Overnight

Name _____

Address to be mailed to _____

State _____ Postcode _____

Please note all purchases are processed between Monday-Friday

PAYMENT DETAILS

Cardholder Name _____

Card Type Amex Visa Diners Mastercard

Card Number _____ Expiry Date _____

AUTHORISATION

I, _____ authorise Customs House Cafe Pty Ltd t/a Cafe Sydney

to debit my credit card for the amount of Gift Card \$ _____

Registered Post \$4.00 _____

Express Post \$5.00 _____

Total \$ _____

Signature _____ Date _____

Please fax back to Cafe Sydney on (02) 9251 8363 or scan and email to aime@cafesydney.com