



Please complete and return to reservations@merlochicago.com or fax: (312) 335-8205

GIFT CARD PURCHASE Credit Card Authorization Statement

Dollar Amount:	\$
<i>Please specify how you would like to receive the gift certificate:</i>	
<input type="checkbox"/> pick up at restaurant	<input type="checkbox"/> mail *\$5.00 fee applies
*Processing/Shipping Fee:	
Total Amount:	\$

For office use only:
GIFT CARD #.
Amt.
Auth #
Date:
Signature:

I _____ hereby authorize Merlo on Maple, to charge my credit card, for the gift card purchase in the amount listed above.

Credit card type:	CC #	
Exp. Date:	Security Code:	Billing Zip Code:

Card holder's name (Print): _____ phone number: (_____) _____

Cardholder's signature: x _____ Date: _____

Email address of cardholder: _____

*If mailing gift card, please provide (print) the address to mail gift card to below:

*A \$5.00 processing/shipping fee applied to each address.

Additional Instructions/Messages:



16 W. Maple Street ~ Chicago, IL 60610
312.335.8200 ~ 312.335.8205 (fax)
www.merlochicago.com