



163 Concord Road, North Strathfield NSW 2137 Tel: 02 9743 3061

Gift Voucher Request Form

Purchasers Details

| | |
|----------------------|--------|
| Name | Email |
| Address | |
| Tel | Mobile |
| Value of Voucher: \$ | |

Recipient Details

| | |
|---------|--------|
| Name | Email |
| Address | |
| Tel | Mobile |

Message on Voucher:

- We will pick up the voucher
 Please post the voucher to **PURCHASER / RECEIPT**

PAYMENT DETAILS

I, _____, authorise **ABHI's Indian Restaurant** to charge the amount indicated to the credit card listed below. It is understood **ABHI's Indian Restaurant** will write "signature on file" on the Record of Charge receipt and that said charge will be honoured by me.

Date: _____

Credit Card Information:

| | | | | | | | | | | | | | | | | |
|---------------------------------|----------------|--|--|--|-------------|--|--|--|-------------------|--|--|--|-----------------|--|--|--|
| Name on Card: | | | | | | | | | | | | | | | | |
| Card Type (circle) | Amex | | | | Visa | | | | Mastercard | | | | Bankcard | | | |
| Card Number: | | | | | | | | | | | | | | | | |
| Four Digit Security Pin: | | | | | | | | | | | | | | | | |
| Expiry Date: | (MM/YY) | | | | | | | | Amount: | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | |

Please fax this completed authorisation back to **02 9743 6517** or scan and e-mail to info@abhisindian.com.au

Please Note: All charges are final.

| |
|--|
| <p>For office use only:</p> <p>Customer Number: _____ Customer Phone Number: _____</p> |
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