

Billing / Shipping Information

Date: _____ Date Required By: _____

Contact Name _____ Company Name: _____

Address _____

Tel: _____ Fax: _____ Email: _____

Order Request

Gift Certificate Amount: _____ x \$25 = _____

_____ x \$50 = _____

_____ x \$100 = _____

Sub-Total = _____

Our gift certificates are valid at any one of our four locations. Please fax the restaurant that is most convenient for you to pick up. Please include a photocopy of your credit card (front and back) and fax the completed form to the location of your choice.

Cardero's Restaurant	(Fax) 604.669.7609	(Ph) 604.669.7666
Sandbar Seafood Restaurant	(Fax) 604.669.9033	(Ph) 604.669.9030
Sequoia Grill	(Fax) 604.687.5662	(Ph) 604.669.3281
Seasons Hill Top Bistro	(Fax) 604.874.7101	(Ph) 604.874.8008

Payment Options

Credit Card Number: _____ Expiry Date: _____

Name of Card Holder: (PLEASE PRINT) _____

Card Holder's Signature: _____

Delivery Options

Pickup: Cardero's Sandbar Seasons Sequoia Grill Seasons

Courier (I have arranged a courier to pick-up the gift certificates on date _____ time _____).

Canada Post

Mailing Address (if different from above): _____

We suggest that all gift certificates are picked up from one of our locations most convenient for you or alternatively by courier, POD. For customers preferring to use regular post, we request that you sign the following disclaimer:

I _____ agree that the Sequoia Company of Restaurants cannot be held responsible for any loss or late delivery for certificates sent via Canada Post.

If you would like us to fill in the TO: and FROM: please specify below.

TO: _____ FROM: _____