



THE COMPOUND RESTAURANT

CREDIT CARD AUTHORIZATION – GIFT CERTIFICATE

Please fax to (505) 982-4868

NAME (PURCHASER) \_\_\_\_\_ oGIFT CERT.  
# \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

PHONE #2: (    ) \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

NAME: (AS IT IS TO APPEAR ON CERTIFICATE): \_\_\_\_\_

FROM: \_\_\_\_\_

DOLLAR AMOUNT: \$ \_\_\_\_\_

THIS LETTER AUTHORIZES THE COMPOUND TO CHARGE MY COMPANY CREDIT CARD OR  
PERSONAL CREDIT CARD. PLEASE FAX A PHOTOCOPY OF YOUR CREDIT CARD.

PLEASE "X" TYPE OF CARD: VISA: \_\_\_\_\_ MC: \_\_\_\_\_ AMEX: \_\_\_\_\_ DISCOVER: \_\_\_\_\_

CREDIT CARD ACCOUNT#: \_\_\_\_\_ EXP. \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CARD HOLDER SIGNATURE: \_\_\_\_\_

MAIL TO (CIRCLE ONE): PURCHASER                  RECIPIENT                  PICK UP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIL RECEIPT TO: \_\_\_\_\_

\_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\*All certificates are mailed unless otherwise instructed.

\*Please allow 1 week for certificates to be mailed    \*A 10% fee will apply to all cancelled and reissued  
gift certificates.