

Scalini Fedeli  
167 Main Rd  
Montville, NJ 07045  
(973) 541 1234

**GIFT CERTIFICATE AGREEMENT**

**This form must be filled out and emailed back to: scalinifedelinj@gmail.com**

Certificate will entitle: \_\_\_\_\_

This Gift is PRESENTED by: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

**I hereby authorize Scalini Fedeli Restaurant to charge my credit card for the amount of:**  
**\$\_\_\_\_\_ toward a gift certificate.**

**Credit Card Information**

**TYPE (circle one):**    VISA            MASTERCARD            AMEX            DISCOVER

**NAME ON CARD:** \_\_\_\_\_

**CC#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Exp Date:** \_\_\_\_\_ / \_\_\_\_\_

**CSC:** \_\_\_\_\_

**Billing Zip Code:** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER:** \_\_\_\_\_

YOU MAY ALSO CHOOSE TO PICK UP THE GIFT CERTIFICATE LETTER FROM THE RESTAURANT

**PLEASE NOTE THAT THE GIFT CERTIFICATE IS VALID FOR (1) YEAR FROM THE DATE OF PURCHASE**