

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