

AQUAVIT

Gift Card Order Form

Today's Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Please Mail the Gift Card To: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I hereby authorize payment using my:

VISA

AMEX

MC

DINERS

Card Number: _____

Expiration Date: _____ CVC: _____

Name on card (print) _____

Gift Cards are non-refundable and no cash will be given back upon usage of the gift card at Aquavit.

To: _____ From: _____

Total dollar amount to be charged to the gift card: _____

Signature: _____ Date _____

Please choose your method of shipping:

National shipping costs are based on zip code to zip code, **ADDITIONAL FEES APPLY**

Fedex Priority Overnight

(Will arrive 10:30am day after)

Please enter the zip code

for an estimated cost _____

Fedex Express Saver

(Will arrive 4:30 3rd business day)

Please enter the zip code

for an estimated cost _____

Pick up at Aquavit

(65 E 55th St, NY NY 10022)

65 East 55th Street New York, NY 10022

Phone: 212-307-7311