



GIFT VOUCHER

PURCHASE DETAILS

Name _____
Email _____
Phone _____ Fax _____
Address _____
State _____ Postcode _____

GIFT VOUCHER DETAILS

Name on the Gift Voucher(optional) _____
Message to appear on Voucher _____

Pick Up From Ginger

Mail to address below

Mailing Address _____
State _____ Postcode _____

PAYMENT DETAILS

Card Holder Name _____

Card Type Visa Mastercard

Card Number _____ Expiry ____/____

Signature _____ Voucher Amount (\$) _____

Please scan & email this form back to us along with a photocopy of the front and back of the credit card

AUTHORIZATION

I, _____ AUTHORISE GINGER INDIAN RESTAURANT
TO DEBIT MY CREDIT CARD FOR THE AMOUNT OF (\$) _____

SIGNATURE _____ DATE _____

PLEASE NOTE OUR VOUCHERS ARE VALID FOR 6 MONTHS FROM THE DATE OF PURCHASE AND CAN ONLY BE ACCEPTED AT

GINGER INDIAN RESTAURANT - HARRIS PARK

ABN- 22 138 646 501

94, Wigram St, Harris Park NSW 2150

Ph: (02)96359680, (02)80617245 Email: contact@gingerindian.com.au

www.gingerindian.com.au