

LIMANI

Gift Card Request Form

Purchaser Information – Please Print Legibly

Name: _____

Phone Number: _____

Email Address: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Type: Visa / MasterCard / American Express / Discover

Amount of Gift Card \$: _____

Shipping Options Available:
(Select One)

- Standard USPS (No Charge)
- FedEx Ground (+\$7)
- FedEx 2 Day Shipping (+\$15)
- FedEx Next Day Air (+\$25)

I, _____, authorize LIMANI to charge my credit card for the above amount plus shipping.

Authorized Signature: _____

Recipient Information:

Name: _____

Mailing Address: (Where you will like the gift card sent)

Message for Recipient:

Please Fax this form to: 1 (212) 858.9290

Or email to Info@Limani.com

If you have any questions, Please call us at 1 (212) 858.9200