

CRUSTACEAN/THANH LONG GIFT CARD  
REQUEST PAYMENT FORM

415-776-2722 (TEL)

415-776-1069 (FAX)

www.anfamily.com

TO:

DATE:

FAX:

PHONE:

I hereby authorize Crustacean Restaurant to charge \$ \_\_\_\_\_ PLUS a  
\$5-00 certified mail fee on my

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

CCV # \_\_\_\_\_ (Last 3 digits on the back of Visa, MC & Discover and 4 digits on the front of Amex)

1. Credit Card Billing Address and Phone Number for Verification:

2. Name as it Appears on the Credit Card:

Signature of the Credit Card Holder \_\_\_\_\_

3. Name of Recipient for the Gift Certificate:

4. Address & Phone # to mail Gift Certificate if different from billing address:

5. Message \_\_\_\_\_

Please include a photocopy of the front and back of your credit card and  
drivers license when faxing or mailing this form back to Crustacean. We  
can mail the certificate Federal Express at an additional fee.