Paci RESTAURANT

This is the gift card order form. Please fill out all the required fields.
This form is on a Secure Server. When you are done a confirmation form will appear.
You can also fill out the form, print it and fax it to us at 203-259-1636 Thank you!

PLEASE NOTE:
Only ORIGINAL Paci Restaurant gift cards will be accepted at the restaurant.

required fields *

BILLING INFORMATION

(Please enter billing information exactly as it appears on your credit card statement)

FIRST NAME *

LAST NAME*

ADDRESS*

CITY*

STATE*

ZIP*

AREA CODE + PHONE NUMBER*

YOUR E-MAIL *

Add Me to Paci Mailing List: ◯ YES ◯ NO

CREDIT CARD INFORMATION

CREDIT CARD NUMBER*

3 / 4 Digit Security Code *

Expiration Date (MM/YY)*

First and Last Name on Credit Card *

Denomination*

Quantity*

SHIPPING INFORMATION

(**To ship Gift Card to ONE address if different than above**)

FIRST NAME
of Person to receive the Gift Card

LAST NAME
of person to receive the Gift Card

*** Mail to Address:**
(If Different Than Above)

City:

Zip:

State:

Telephone:

GREETING

To Whom:

From:

Comments or Greeting (please print):

Fax to us at: (203) 259-1636