

ORDER FOR

RESTAURANT VOUCHER

| Please chose one of the following methods | of delivery | | |
|--|---------------------|--------|-----|
| O Pick the voucher up personally from The Ba | arn Steakhouse | | |
| • Have the voucher and receipt mailed direct | ly to you | | |
| O Have the voucher mailed to the recipient, a | nd the receipt sent | to you | |
| Purchaser's Information | | | |
| Name: | | | |
| Phone: | | | |
| Postal Address (if voucher is to be delivered to you): | Street | | |
| | City | | |
| | State | | P/C |
| If you would prefer a receipt to be faxed or e-mailed, please provide details: | | | |
| Voucher Details | | | |
| Value of voucher: § | | | |
| Name of recipient(s) (to appear on voucher): | | | |
| Voucher is from (to appear on voucher): | | | |
| Recipient's Details (if you would like the vou | | tly) | |
| Postal Address (if voucher is to be delivered to you): | Street | | |
| | City | | |
| | State | | P/C |
| Payment Details | | | |
| Name on Card: | Card Type: | | |
| Card Number: | Expiry: | CCV:_ | |
| Cardholder's Signature: | | | |

There will be an additional \$2 postage and handling fee added to the above value. (acknowledging the above mentioned amount to be debited)