



Gift Certificate Purchase Form

Request Date: _____

Please complete the below form and fax along with a copy of the purchaser's identification to:

Attn: Daniela A. (213) 626-5524 ext. 107 or email to davalos@camachosinc.com.

Select restaurant below:

- ☐ Mariasol Restaurant – 401 Santa Monica Pier | Santa Monica, CA 90401 | P (310) 917-5050
☐ Camacho's Cantina – 1000 Universal Studios Blvd, Ste. 133 | Universal City, CA 90045 | P (818) 622-3333
☐ El Paseo Inn – 11 East Olvera Street | Los Angeles, CA 90012 | P(213) 626-1517

Purchaser

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone(s): _____ E-mail: _____

Quantity: _____ Amount: _____ (increments of \$25)

☐ Ship via FedEx for an additional fee of \$ _____. Please charge the credit card account below.

☐ Ship via my FedEx account # _____

I authorize Camacho's Incorporated to charge my credit card for the total amount of: \$ _____

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card Num: _____ Exp: _____

Signature of Card Holder: _____ Sec Code: _____

***PLEASE SUBMIT COPY OF CREDIT CARD AND IDENTIFICATION ALONG WITH THIS FORM ***

Recipient information ☐ Please complete if you would like gift certificate mailed directly to recipient

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Message Line 1: _____