



Gift Voucher Purchase Application Form

NAME OF THE PURCHASER:

ADDRESS OF THE PURCHASER:

TEL NUMBER:

FAX NUMBER:

NAME AND ADDRESS OF RECIPIENT IF DIFFERENT FROM THE PURCHASER

I would like to purchase a Benihana Gift Voucher(s) for the amount of:
£ _____

I understand all vouchers will be sent by post to the above address.

Preference of Denominations:

£25 GBP

£50 GBP

(Please tick box)

I enclose my credit card detail:

Credit Card Type:

Card Holders Name:

Credit Card Number:

Security Code

Expiry Date:

Issue Date:

Please debit my card for the amount of £ _____

Signature: _____

Date: _____

PLEASE RETURN THIS FAX AS SOON AS POSSIBLE
0044 207 494 1456