



1921 El Camino Real - Palo Alto, CA 94306  
Tel: (650) 321-6798 Fax: (650) 321-6825 Email: sundancemine@aol.com

I, \_\_\_\_\_, authorize Sundance The Steakhouse to  
charge my credit card in the amount of \$ \_\_\_\_\_ dollars.

Type of Credit Card: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorizing Party's Telephone #: (     ) \_\_\_\_\_

Authorizing Party's Fax #: (     ) \_\_\_\_\_

Signature: \_\_\_\_\_

**If this Pre Pay Form is received on a Monday through Friday, your Gift Certificate will be processed and sent via regular mail within 48 hours of receipt.**

Gift Certificate To: \_\_\_\_\_

Gift Certificate From: \_\_\_\_\_

Message up to 6 words: \_\_\_\_\_  
(example: Happy Birthday / Happy Anniversary / Happy Holidays, etc.)

Mail Gift Certificate To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_