



S T E A K

340 Ignacio Boulevard, Novato, CA 94949 phone: 415.883.0901 fax: 415.883.2802

I, First Name _____ Last Name _____
authorize Boca Steak to charge my credit card in the amount of _____
for the following services:
Card Holder's Name: _____
Credit Card Type: Visa _____ MasterCard _____ American Express _____ Discover _____
Credit Card Number _____ Exp. Date _____
Authorizing Party's Phone # () _____ Fax # () _____
Signature (required for all purchases) _____

Gift Cards will be processed within 2 business days following receipt of completed form.
We will send your gift card via UPS for a \$7.00 shipping charge or you could simply pick them
up at the restaurant.

Gift Certificate To: _____
Gift Certificate From: _____
Your Personal Message: _____
Mail Gift Certificate to: _____
Address: _____
City _____
State _____ Zip _____

**To simply treat your loved ones, a dear friend or a business associate, please indicate
whether you would like to order Dinner, Dessert or a Bottles of Wine for a guest:**

- Dinner for Mr. or Mrs. _____ on __/__/__
- Wine for Mr. or Mrs. _____ on __/__/__
- Dessert for Mr. or Mrs. _____ on __/__/__

An 18% service charge will be added to all Dining Room purchases.