

# Gift Certificate Request



www.the3rdcorner.com  
2265 Bacon Street  
San Diego, CA 92107  
(619) 223-2700 FAX (619) 223-3640

Your Name:

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Your Address:

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Your Phone Number:

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To:

From:

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Mailing information

Recipient's Name:

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Recipient's Mailing Address:

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\_\_\_\_\_ Visa      \_\_\_\_\_ Master Card      \_\_\_\_\_ American Express

Credit Card #

CRV#

Expiration

Date:

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I authorize The 3<sup>rd</sup> Corner to charge my above credit card in the amount of \$\_\_\_\_\_

I understand that this agreement is for the protection of The 3<sup>rd</sup> Corner and myself.

Signature

Date

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