

FARALLON

450 Post Street, 4th Floor, San Francisco, CA 94102-1502

PREPAY FORM FOR FARALLON COOKBOOK

(Please complete the following information and fax back)

NAME: _____ DATE: _____
PHONE #: _____ FAX #: _____

I, _____ authorize Farallon Restaurant to charge
my credit card for a cookbook in the amount of \$ _____.

Cookbook	\$43.80
Shipping & Handling (Regular US mail - 6 to 7 days)	\$6.50
Shipping & Handling (Priority US Mail - 2 to 3 days)	\$15.00

This price is good for 1 cookbook only

Mail Cookbook to: (Please print)

Mail Receipt to: (Please print)

Name as it appears on the card:

Signature by authorized cardholder:

Card Type: Amex ____ M/C ____ Visa ____ Diners ____ Discover ____

(CHECK APPROPRIATE CARD TYPE)

Card Number:

Expiration Date:

CVV2 (3 digit #) OR CID (amex 4 digit #)

FAX BACK TO ACCOUNTING OFFICE: (415)834-1222
call Espe or Jovan for confirmation at (415)956-6991