

Boskos Trattoria

eCard Application Form

Amount of eCard: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Address to Send eCard to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Card Type (please circle one):    VISA        MasterCard    AMEX

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_    Card Security Code: \_\_\_\_\_

Print Name as it Appears on Card: \_\_\_\_\_

Card Holders Address: \_\_\_\_\_

\_\_\_\_\_

Card Holders Phone Number: \_\_\_\_\_

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

I authorize Boskos Trattoria to charge my credit card for the above purchase only.

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

Please print out this form and mail it to:

Boskos Trattoria  
Web Site eCard  
PO Box 1156  
Calistoga, CA 94515

(please note – our mailing address is different than our physical address)

If you would prefer, you may fax this form to: 707-942-9661

If you'd like, please call us at 707-942-9088

