

ABSINTHE BRASSERIE & BAR SPECIAL REQUEST FORM

*Please fill out and return by fax to: 415-255-2385
Or mail to: 398 Hayes Street, San Francisco, CA 94102
Or scan and email to: talk@absinthe.com*

Name of Contact/Purchaser: _____

Telephone: _____ **Fax:** _____

PLEASE SELECT ONE OF THE FOLLOWING:

Purchase entire dinner including % gratuity or not including gratuity

Purchase dessert

Purchase a bottle of wine

Other:

SPECIAL INSTRUCTIONS:

MAIL RECEIPT TO:

PAYMENT:

Credit card type: Visa Mastercard Amex Diners Discover

Credit card number: _____ Expiration: _____ / _____

Name on card: _____

Signature: _____

Date: _____