



Oceanova Spa

17 Atlantic Ave., Suite 1, Ocean View, DE 19970
Gift Certificate – Order Form
Print out and mail or fax in.



Please complete this form and postal mail it to the above address. Upon receipt, your gift certificate will be processed within 48 hours. Please allow 2 weeks for postal mail delivery to recipient.

(please print)
 Value of Gift Certificate Ordered: \$ _____
 (minimum \$25 please)

Name on Certificate: _____
 (write none if you do not desire us to complete the recipient name)

Pay with check # _____
 (make check payable to Oceanova LLC)
 or
 Pay with credit card: ___ Visa ___ Mastercard ___ Discover
 Credit Card # _____
 Expire Date: MM ___ DD _____ YY _____
 CCV # _____ (3 digits on rear of card)
 Name on Credit Card: _____
 Billing Address of Credit Card:
 Address _____
 City _____ State ___ Zip _____
 ++++++

Postal Mail Certificate to this address:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Signature of purchaser: _____ Date: _____
 Phone# of purchaser: _____ Email: _____
 Message you wish us to inscribe on Gift Card to accompany certificate: