

# CARAGIULOS

ITALIAN-AMERICAN SOUL FOOD



WWW.ITALIANSOULFOOD.COM

## GIFT CERTIFICATE AUTHORIZATION FORM

**For:** \_\_\_\_\_  
**From:** \_\_\_\_\_  
**Amount:** \_\_\_\_\_  
**Note:** \_\_\_\_\_

Please Fax completed form to 941.365.2239 or scan & email to Caragiulos@verizon.net

### Address to SEND Gift Certificate:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

### Person PURCHASING Gift Certificate:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

### Method of PAYMENT:

VISA       MC       AMEX       DISCOVER  
**Credit Card Number** \_\_\_\_\_ **Exp** \_\_\_\_ / \_\_\_\_  
**Amount \$ :** \_\_\_\_\_

### AUTHORIZATION:

I, \_\_\_\_\_, hereby authorize CARAGIULOS RESTAURANT to charge my credit card for the above listed amount.

**Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b> CERTIFICATE ID NUMBER: _____ DATE MAILED: _____ FORM FILLED BY: _____ GIFT CERT. AUTHORIZED BY: _____
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