

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:** _____

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