

# **GINO'S**

## **PRE-PAY FORM FOR TAKE-OUT ORDERS**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_

I, \_\_\_\_\_, authorize Gino's Restaurant to charge my credit card for my order in the amount of \$ \_\_\_\_\_.

### **PLEASE COMPLETE THE FOLLOWING AND FAX BACK**

**NAME AS APPEARS ON CARD:** \_\_\_\_\_

**SIGNATURE BY AUTHORIZED CARD HOLDER:** \_\_\_\_\_

**CARD TYPE:** \_\_\_\_\_

**CARD NO.** \_\_\_\_\_

**EXP. DATE:** \_\_\_\_\_

**CV Code:** \_\_\_\_\_

**PLEASE FAX BACK TO ACCOUNTING OFFICE  
(831) 751-6917**