

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: _____

TIP or GRATUITY: _____

CARD TYPE: _____

CARD NO. _____

EXP. DATE: _____

CV Code: _____

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

Please Call to confirm we received your Fax so we can accurately put it with the correct order.