

Request for gift certificate(s)

Please print all information and fax, along with photocopy of credit card and driver's license to:
Da Edoardo North at 810-694-1495

Name and address as it appears on your credit card statement

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

| Credit card | Number | Month/Year of expiration |
|------------------|--------|--------------------------|
| Visa | | |
| Master Card | | |
| American Express | | |

Authorized Signature: _____ Date _____

Please send gift certificates in the following amounts:

\$ _____ to same address as above OR to

First _____ Last _____

Address _____

City _____ State _____ Zip _____

\$ _____ to same address as above OR to

First _____ Last _____

Address _____

City _____ State _____ Zip _____