

# 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. \_\_\_\_\_

CVV Code: \_\_\_\_\_

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

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