



Faz Restaurant Management Group

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I, _____, authorize Faz Restaurants to charge my credit card in the amount of \$ _____ dollars.

Name on Card _____

Credit Card Type _____

Credit Card # _____ Exp _____

Authorizing Party Phone # () _____

Authorizing Party Fax # () _____

Signature _____

Gift Certificate to _____

Gift Certificate from _____

Message _____

Mail Gift Certificate to _____

Address _____

Please email or fax your Gift Certificate request. Gift Certificates will be processed and sent out via mail within 48 hours of receipt of completed Pre Pay Form if received Monday through Friday.

We can FedEx or Messenger COD if you check here _____