



Gift Card Fax Form

PLEASE COMPLETE THIS AUTHORIZATION FORM AND FAX BACK TO: (504) 218-8966

Date: _____ Name: _____

Telephone #: _____ Fax#: _____

Credit Card Type (circle one): Visa MasterCard American Express Discover Diners Club

Name as it appears on card: _____

Credit Card # _____ Expiration Date: _____

Gift Card For: _____

From: _____

Mail to Name: _____

Mail to Address: _____

CHOPS
Bistro & Martini Bar
111 Veterans Blvd
Metairie, LA 70005
(504) 218-8967

I hereby authorize Chops Bistro & Martini Bar to charge my credit number listed above in the amount of \$ _____ for the purchase of a gift card to be mailed to above address.

Authorized Signature: _____