TOMO JAPANESE RESTAURANT

GIFT CARD OR E-GIFT CARD
AUTHORIZATION FORM *Please complete all areas below*

RECEIPIENT NAME AND ADDRESS:

SPECIAL MESSAGE (OPTIONAL):

CARDHOLDER INFORMATION

NAME (*as appears on card*) _____
BILLING ADDRESS _____
CITY _____
STATE _____
ZIP CODE _____
PHONE NUMBER _____
EMAIL ADDRESS _____
CREDIT CARD TYPE _____
CREDIT CARD NUMBER _____
EXPIRATION DATE _____
SECURITY CODE _____

INVOICE/BILLING: Payment will be processed. All receipts will be scanned and emailed to the cardholder. Please send a copy of ID that match the credit card. A service charge of 3% will be applied to all credit card purchases.

I authorize TOMO Japanese Restaurant to bill my credit card in the amount of $_____.00.

_____ _____
(authorized signature) *(date)*

Thank you for your business.

TOMO JAPANESE RESTAURANT
3630 Peachtree Road, Suite 140, Atlanta, GA 30326 | Tel (404) 835-2708 Fax (404) 835-2398
For questions regarding billing, please contact info@tomorestaurant.com
or call at your convenience.
www.tomorestaurant.com