



I, _____, authorize Chow to run my credit card

(circle one: Visa MasterCard American Express) in the amount of \$ _____.

Card number: _____ Expiration: _____ / _____

Name as it appears on the card: _____

Billing Address: _____

City, State, Zip: _____

**If you would like us to mail the card directly to the recipient, please give us the name & address.
If you would like the card mailed directly to you at the above address, please check here.**

Name: _____

Address: _____

City, State, Zip: _____

Message, if any: _____

Your signature

Name (Printed)

Best contact telephone # (_____) _____ - _____ Email address: _____

Please fax this completed form to 415-963-4496 or 415-738-7656.

An email confirmation will be sent to you within 48 hours of receipt of this fax.

Please check here if you would like a copy of the receipt mailed to you at your billing address.

Chow cannot be responsible for gift cards lost in the mail or lost or stolen after receipt.