



I, _____, authorize Chow to run my credit card
for the amount of \$_____.

My credit card (**circle one:** Mastercard, Visa, American Express)

Number is _____

and the expiration date is _____.

Name (as it appears on card) _____

Billing Address _____

City, State, Zip _____

Please give us the address where you would like your gift card sent:

Mail to _____

Address _____

City, State & Zip _____

Message, if any _____

Signature _____ **Date** _____

Name (Printed) _____

Best Contact Telephone # (_____) _____

Please fill out and return to fax # 415-963-4493 or 415-963-4496

Your credit card receipt will be mailed to.
Chow can not be responsible for Gift Cards lost in the mail or lost after receipt, they are like cash!