

Zea WoodFire Grill

8100 N. Dallas Parkway

Please complete the following information and fax back (972) 712-7076

NAME: _____

DATE: _____

PHONE NUMBER _____ FAX NUMBER: _____

AUTHORIZATION: I _____ authorize Zea WoodFire Grill to charge my credit card for a gift card purchase in the amount of \$ _____.

GIFT CARD INFORMATION

Gift Card to: _____

Gift Card from: _____

Mail Gift Card to: *(Please print)*

Mail Receipt to: *(Please Print)*

PAYMENT BY CREDIT CARD

CREDIT CARD TYPE VISA M/C DINERS AMEX

(CHECK APPROPRIATE CARD TYPE)

NAME AS IT APPEARS ON THE CARD: _____

SIGNITURE BY AUTHORIZED CARDHOLDER: _____

Card Number: _____

Expiration Date: _____

CVV2 (3 Digit #) or CID (Amex 4 Digit #)

Call 972-712-7077 and ask for Ruben or Mariah between 9 AM-5 PM for confirmation.