



GIFT CERTIFICATE AUTHORIZATION FORM

Please enclose a photocopy of front and back of your credit card, along with a copy of your Driver's License or ID card.

Please fax this form to Kuleto's Accounting: (415) 986-7050

Card Holder Name: _____ Date: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____

Method of Payment: _____ Expiration Date: _____

Credit Card # _____

To: _____ From: _____

Mail Card To: _____

I hereby authorize Kuleto's Italian Restaurant to charge the above credit card for a gift card in the amount of: \$ _____

Card Holder Signature: _____