

**FELICIASUZANNE'S RESTAURANT  
GIFT CERTIFICATE REQUEST FORM**

**(PLEASE PRINT)**

**Date:** \_\_\_\_\_

**Person Requesting Gift Certificate:** \_\_\_\_\_

**Phone#** \_\_\_\_\_

**Gift Certificate Amount:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ (We accept Visa, MC, Amex, Diners & Discover)

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ / \_\_\_\_\_

**Credit Card Holder's Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Faxed Receipt? (Please Circle)**                      **YES**    **NO**

**Fax Number:** \_\_\_\_\_

**GIFT CERTIFICATE INFORMATION**

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Mail Gift Certificate To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please fax a copy of the credit card to be charged. In addition, have the cardholder SIGN and PRINT their name as an authorization for this gift certificate request.**

**Print Credit Card Holder's Name:** \_\_\_\_\_

**Credit Card Holder's Signature:** \_\_\_\_\_

**PLEASE FAX TO 901-523-0874  
IF YOU HAVE ANY QUESTIONS, PLEASE CALL 901-523-0877**

**\*\*There is an additional \$2.50 charge for handling and postage**

**Manager's Signature** \_\_\_\_\_

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