



TOMO JAPANESE RESTAURANT

GIFT CARD OR E-GIF CARD

AUTHORIZATION FORM *Please complete all areas*

RECEIPT NAME AND ADDRESS:

below

SPECIAL MESSAGE (OPTIONAL):

CARDHOLDER INFORMATION

NAME *(as appears on card)*

BILLING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

CREDIT CARD TYPE

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

INVOICE/BILLING: Payment will be processed. All receipts will be scanned and emailed to the cardholder. Please send a copy of ID that match the credit card. A service charge of 3% will be applied to all credit card purchases.

I authorize TOMO Japanese Restaurant to bill my credit card in the amount of \$_____.

(authorized signature)

(date)

Thank you for your business.

TOMO JAPANESE RESTAURANT
3630 Peachtree Road, Suite 140, Atlanta, GA 30326 | Tel (404) 835-2708 Fax (404) 835-2398
For questions regarding billing, please contact info@tomorestaurant.com
or call at your convenience.
www.tomorestaurant.com