

Komegashi

GIFT CARDS REQUEST

Fax: 201.533.8899

Please fill required information (with*) below and fax back to complete your order.

*Name _____

*Phone Number _____

*Credit card type (circle one): Amex Visa MasterCard Discover

*Credit Card Number _____

*Credit Card Expiration Date _____

*Credit Card Security Code _____

*Name shown on Credit Card _____

***I hereby authorize Komegashi to charge the following amount to my credit card for the purchase of gift cards.**

Signature _____

*Amount of Gift Cards (Gift cards in \$25 denominations) \$_____

Recipient's information:

Recipient's name: _____

Message (if any) on gift cards:

***Mailing information:**

Will you be picking up the gift cards?

Or we will mail it to:

Name _____

Street _____

City, State, Zip _____