Massimo Gift Certificate Pre-Pay Form

Please Print Information Clearly and Fax Form Back to Massimo's FAX Number 925.932.1526

Purchaser Name:			
FAX Number:	Phone Number:		
I authorize Massimo Ri amount of \$		my credit cai	d for a gift certificate in the
Gift Certificate for:			
Gift Certificate from: _			
Mail Certificate to:			
Street Address:			
City:		State:	Zip:
Credit Card Informat	ion:		
Name as it appears on c	eredit card:		
Cardholder Signature: _			
Card Type: Visa M	IC AMEX Di	scover	
Card Number:			
Expiration Date:	/	CSV (3 digi	t #)
Initials:	Date Issued:		Gift Card #
Request Fax Back V	erification		
	Massimo 1 1604 Loc		

1604 Locust Street Walnut Creek, CA 94596 Phone: 925.932.1474

FAX: 925.932.1526