

GIFT CARD PURCHASE

Complete this form and fax to us.

Fax 860-657-3446

Date _____

Message:

Postage Fee	\$2.00
Gift Card Amount	
Total	

Name _____

Last Name _____

Telephone N. _____

Credit Card N. _____ Expiration _____ CVV Code _____

Email _____

Signature

Mail To:

Name _____

Last Name _____

Address _____

Town _____ State _____ Zip Code _____

Telephone N. _____

PAZZO'S USE ONLY

Gift Card N. _____