



CREDIT CARD AUTHORIZATION FOR PURCHASE OF GIFT CERTIFICATE

I, _____ authorize Mai-Kai Restaurant , Inc., to charge my credit

card _____ credit card number _____
(Visa, Amex, MC, Dinners, Discover)

with expiration date: _____ in the amount of \$ _____ to cover payment

for gift certificate for (customer name) _____

From: _____

to be mailed to: _____

PLEASE PRINT

Exact name appearing on the credit card: _____

Billing (credit card)address: _____

City/ State/ Zip Code: _____

Date _____ Telephone (Day) _____ (Night) _____

Authorized Signature: _____

Please enclose a copy of the front and back of your credit card

3599 North Federal Highway, Ft. Lauderdale, FL 33308
Telephone: (954) 563-3273, Fax (954) 566-9533