

MAVERICK'S STEAKHOUSE & GRILL

GIFT CARD PURCHASE PHONE/ON-LINE REQUEST

Purchaser

Name: _____

Address: _____

Phone #: _____

Credit Card #: _____

Expiry Date: _____

Amount of Gift Card: \$ _____

Recipient

Name: _____

Address: _____

I hereby authorize Maverick's Steakhouse & Grill to charge the above credit card for the purchase of a Gift card over the phone.

This form is in lieu of the cardholder signing the invoice in the presence of the invoice processor on the date stated below and is valid in its original form and/or by facsimile.

A copy of the processed invoice from the date of charges is/will be available to the client upon request.

Date of request: _____

Thank you for Choosing Maverick's Steakhouse & Grill
Fax # 506-388-3354