



1701 Crossroads Drive, Grapevine, TX 76051 | (817) 717-7701 | greatscottrestaurant.com

Gift Card Purchase - Credit Card Authorization Form

Today's Date: _____

Please fill in the following information:

I would like a Great Scott Gift Card in the amount of \$ _____

Please indicate to whom it should be mailed and the address of recipient.

To: _____

Address: _____

City: _____ State: _____ Zip: _____

From: _____

Message (if applicable):

Credit Card Information

Name as shown on Credit Card _____

Credit Card # _____ Exp. Date _____

Security Code Number (3 digit code on back of card) _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Discount/Coupon Code _____

By signing below, I agree to have my credit card charged for the above listed amount.

Signature: _____ Date: _____

Please scan and return completed form to: danielle@greatscottrestaurant.com