



**Gift Card Purchase
Credit Card Authorization Form**

Credit Card (Please Check One) American Express Visa MasterCard Discover

Cardholder's Name _____

Card Number _____

Expiration Date ____/____ Security Code _____

Phone Number _____

Email _____

Cardholder's Signature _____ Date _____

Gift Card Quantity _____ Amount on Gift Card(s) \$ _____

Please initial below:

_____ I authorize El Chorro to charge my credit card for gift card(s).

_____ Please send gift card to address above.

_____ Please send gift card to:

Name _____

Address _____

City, State & Zip _____

Please return the completed form to:

E-mail: admin@elchorro.com
Fax: 480.315.8363
Mail: El Chorro
5550 E. Lincoln Drive
Paradise Valley, AZ 85253