



Gift Card Order / Credit Card Authorization Form

Please complete this form and return to Jennifer Graham
PO Box 24908 – Winston-Salem, NC - 27114
Fax: 336.775.3396
Toll Free Fax 800.659.1425

Gift Card Order

Lowes Foods \$10 Card _____ \$25 Card _____ \$50 Card _____ \$100 Card _____
QTY QTY QTY QTY

Please mail Gift Card (s) to: Name: _____

Address: _____

Message: _____

Credit Card Information

All information must be completed and remains confidential.

Name as it appears on card: _____

Circle One: Discover MasterCard Visa American Express TOTAL: _____

Account Number: _____ Exp. Date: _____ Auth Code: _____

Card Holder's Driver's License Number: _____ State: _____

Card Holder's Address: _____

Card Holder's Home Phone Number: (_____) _____

Card Holder's Work Phone Number: (_____) _____

Authorization Information

I hereby authorize Lowes Foods management to apply the requested Lowes Foods Gift Card charges to the above credit card.

Card Holder's Signature _____ Date: _____

Card Holder's Name (Please print) _____

Office Use Only

Confirmation date: _____ Rep: _____ Code: _____