



Gift Card Order / Credit Card Authorization Form

Please complete this form and return to Lowes Foods
PO Box 24908 – Winston-Salem, NC - 27114
Fax: 336-775-3130

Gift Card Order

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

TOTAL : \$ _____

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: _____

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

Card Holder's Address: _____

Card Holder's Phone Number: (_____) _____

Organization Name: _____

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 (You will be contacted by Guest Services to collect this information)

Circle One: Discover MasterCard Visa American Express

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

Confirmation date: _____ Rep: _____ Code: _____