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Mayfair Taxi Gift Card

Customer Name: _____ First Date Loaded: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Postal Code: _____

Email: _____

Form of Payment: _____ (Cash, Debit, Visa, MC, Amex)

Credit Card Holder (if different then above): _____ Phone: _____

Credit Card Number: _____ Exp: _____

Signature: _____ Date: _____

Office Use Only

Card Number: _____