

Gift Certificate  
Credit Card Authorization Form

To: \_\_\_\_\_

From: \_\_\_\_\_

Mail To: \_\_\_\_\_

Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Gift Card Type \_\_\_\_\_ Restaurant & Inn \_\_\_\_\_ Spa

Method of Payment: **AMEX**      **MASTERCARD**      **VISA**  
(PLEASE CIRCLE ONE)

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Exact Name Printed on Card: \_\_\_\_\_

Credit Card Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_