



BRENTWOOD BAY

Resort • Spa • Seagrille • Pub • Marina

Credit Card Authorization Request for Gift Certificate Purchase

For the Brentwood Bay Resort and Spa to authorize the use and process any charges on a third party credit card.

PLEASE FAX BACK COMPLETED FORM TO 250-544-2069
or EMAIL TO INFO@BRENTWOODBAYRESORT.COM WITH AN IMAGE OF THE CREDIT CARD AND MATCHING GOVERNMENT ISSUED PHOTO ID.

Gift Certificate Information:

Recipient Name: _____

Amount: \$ _____ CAD

Sender(s): _____

Hold Gift Certificate for: **Pick Up at Front Desk** **Pick Up at Spa Desk** **Mail Gift Certificate**

Mailing Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

Cardholder Information:

Name as it appears on the Credit Card: _____

Credit Card Type: Visa MasterCard Amex Discover

Credit Card Number _____ Exp. Date: _____

Please complete the following:

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

Email Address: _____ Phone Number: _____

I certify that all the information is complete and accurate. I hereby authorize Brentwood Bay Resort and Spa to collect payment for charges as indicated in the above section of this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name: (printed) _____

Cardholder Signature: _____ Date: _____

Thank you for choosing Brentwood Bay Resort and Spa

For Hotel Use Only:

Folio Number: _____ GSA Initials: _____ Date: _____