



# 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 SPA@BRENTWOODBAYRESORT.COM

### **Gift Certificate Information:**

Recipient Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ CAD

Sender(s): \_\_\_\_\_

Hold Gift Certificate for Pick Up at: **Front Desk**  **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: \_\_\_\_\_