

Fax completed form to:  
310-510-2917



## Gift Certificate Request Form

Gift Certificate requested by: \_\_\_\_\_

How would you like the gift certificate to read?

To: \_\_\_\_\_ (30 characters max including spaces)

From: \_\_\_\_\_ (30 characters max including spaces)

Address you would like gift certificate sent to:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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Dollar amount \$ \_\_\_\_\_ (\$10.00 will be added for Fed Ex shipping)

Cardholder name \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp date \_\_\_\_\_ CVV \_\_\_\_\_

**Cardholder's billing address:**

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Place Drivers  
License Here

Place Credit  
Card Here  
*Signature Side Up*

I authorize Hotel Vista Del Mar to charge my credit card to purchase a gift certificate.

I agree to pay the total amount according to card issuer agreement.

I agree to all terms, conditions, and policies of Hotel Vista Del Mar.

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