



**Hilton Santa Fe Golf Resort and Spa at Buffalo Thunder**

**Gift Card Credit Card Payment Authorization Form**

*Please complete all areas below. Incomplete requests may be rejected. Completed form may be returned via fax, or scanned and returned via email.*

**FAX COMPLETED FORM TO: 505-819-2025**

**ATTN: Front Office**

**CARDHOLDERS - Please complete the following section and sign/date below.**

Cardholder Name as it Appears on Credit Card:					
Cardholder Billing Address:					
City:		State:		Zip:	
Daytime /Business Telephone:			Evening Telephone:		
Credit Card Number:			Expiration Date:		
Credit Card Type: (Circle one)					
Club	Visa/MasterCard	American Express	Discover	JCB	Diners
Credit Card Issuing Bank Name:			Bank Phone Number (from back of your credit card):		

Number of Gift Card(s) Requested: \_\_\_\_\_

Amount to be placed on each Gift Card(s): \$ \_\_\_\_\_

Total charges to be settled to credit card listed above: \$ \_\_\_\_\_

**Address to ship Gift Card(s) to:**

Street Address:		
City:	State:	Zip:

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above.

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

**HOTEL USE ONLY:**

Authorized Amount:	Approval Code:	Date:
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