

GIFT CARD AUTHORISATION FORM

I hereby authorise The Ville to charge the following credit card for the purchase of the below gift card request. Should you need to contact me in regards to this authorisation please phone me on the below details

Purchaser Name _____

Phone Number _____

Email Address _____

Postal Address _____

Suburb/City _____ State _____ Postcode _____

Card Holder Name _____

Type Of Card _____
Credit Card Surcharges Apply*

Card Number _____ Expiry Date ____ / ____ CCV _____

Gift Card Value(s) \$ _____

Postage/Collection \$6.50 Registered post Collect at hotel

Total Charge \$ _____ Signature _____
(Add The Value Of Gift Card(s) & Registered Post)

Comments / Notes: _____

GIFT CARD RECIPIENT'S ADDRESS Leave Blank If The Same As Above

Name _____

Postal Address _____

Suburb/City _____ State _____ Postcode _____

OFFICE USE ONLY Registered Post No. _____ Attach docket to this form

I agree that my liability for this account is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for the amount of the charges. **Please note, the following credit card surcharge will apply to credit card transactions, including items charged back to your hotel room and if you select the 'credit' option when using a debit card: 3.8% for AMEX and 1.8% for all other cards.*

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The Ville

RESORT — CASINO