



## CONCIERGE GIFT CARD THIRD PARTY AUTHORIZATION FORM

The River Rock Casino Resort is pleased to offer Third Party billing should you wish to use your Credit Card to purchase a Gift Card for the guest indicated below. To avoid charge disputes and fraudulent use of a Credit Card, we are required to prove that the card is in the possession of the Card Holder at the time such approval is given. To fulfill this requirement, please provide a clear copy of the FRONT and BACK of the Credit Card so that the card number, expiration date and signature are clearly visible. Please scan the copies along with this completed Third Party Credit Card Authorization to: [rrhconcierge@riverrock.com](mailto:rrhconcierge@riverrock.com).

Gift cards may be used for accommodations, food & beverage outlets, and spa facilities at the River Rock Casino Resort location. **Gift cards CANNOT be redeemed for cash when purchased by Credit Card.** All gift cards are couriered at an additional charge determined by the courier company. The River Rock Casino Resort does not for any reason send Gift Cards via Canada Post. River Rock Casino Resort will not be held responsible for any loss or theft through the courier company.

### GIFT CARD DETAILS:

Denomination of card       \$25       \$50       Custom \$ \_\_\_\_\_

*\*Custom cards are rechargeable; minimum \$25 purchase is required up to a maximum of \$500 per card.*

### COURIER TO:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Prov/State \_\_\_\_\_ Postal/ZipCode \_\_\_\_\_ Country \_\_\_\_\_

If Applicable:

Special Handling Instructions: \_\_\_\_\_

### CARDHOLDER INFORMATION

I hereby authorize River Rock Casino Resort to charge my credit card for the Gift Card requested above as well as the courier charge associated with the delivery of my gift card to the address indicated above. All charges to be applied to the following credit card:

CREDIT CARD TYPE:     VISA       MC       AMEX

CREDIT CARD #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ (MM/YY)

NAME ON CARD: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CARD BILLING ADDRESS: \_\_\_\_\_

CARD HOLDER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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