



CASINO RESORT



CONCIERGE GIFT CARD THIRD PARTY AUTHORIZATION FORM
TELEPHONE 604.247.8500 FAX 604.247.8537

A complete third party authorization form along with a legible photocopy of both sides of the actual credit card and the card holder's driver's license is required to process your request for a gift card. River Rock Casino Resort reserves the right to reject the request should the completed form & photocopies not be received. Gift cards are transferable & non-refundable at the time of purchase. Gift cards may be used for accommodations, food & beverage outlets, and spa facilities or show tickets at the River Rock Casino Resort location. Gift cards CANNOT be redeemed for cash. All gift cards are couriered at an additional charge determined by the courier company. Should you decide to forego this charge, River Rock Casino Resort will not be held responsible for any loss or theft through the courier company.

* Please note that your gift card will be sent 7 days after we receive the completed form.

TODAY'S DATE: _____

I, _____, hereby authorize River Rock Casino Resort to charge my credit card for the gift card requested. I will also assume the courier charge associated with the delivery of my gift card to the address listed below.

Please check if applicable:

[] Yes, I would like to forego the additional courier charge & relinquish any responsibility to River Rock Casino Resort should the gift card be lost or stolen via mail.

Courier to: (Complete only if different from card holder address)

Address _____ City _____

Prov/State _____ Postal/Zip Code _____ Country _____

Telephone _____ Fax _____

If Applicable:

Special Handling Instructions: _____

GIFT CARD DETAILS:

Denomination of [] \$25 [] \$50 [] Custom \$ _____

*Custom cards are rechargeable; minimum \$50 purchase is required up to a maximum of \$500 per card

PAYMENT METHOD:

Credit Card Type [] Visa [] Mastercard [] American Express

Credit Card No _____

Expiration Month _____ Year _____ Security Code _____

Cardholder's Name _____

Cardholder's Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Country _____ Telephone _____

Email _____

Cardholder's Signature _____ Date _____