



Reservations: 1 (888) 259-7700
P: (805) 957-9301 F: (805) 962-2412
533 State Street, Santa Barbara, CA 93101
HotelSantaBarbara.com

GIFT CERTIFICATE CREDIT CARD AUTHORIZATION FORM

Please send completed form with legible copies of both front and back sides of credit card (with valid cardholder's signature) and photo identification with signature to:
info@hotelsantabarbara.com or fax to (805) 962-2412.

I, _____ authorize my credit card to be charged for the amount
(Cardholder's Name Printed)

shown below for the purchase of a GIFT CERTIFICATE issued to _____
(Recipient's Name Printed)

\$ _____
Dollar Amount Authorized

HSB Confirmation #

TO: _____

FROM: _____

SPECIAL MESSAGE: _____

PLEASE MAIL CERTIFICATE TO: _____ Cardholder _____ Recipient (fill out below)

Type of Credit Card:

MasterCard/Visa _____ Diner's Club _____ American Express _____ Discover _____

Card Number: _____ Expiration: ____/____/____

Printed name as it appears on card: _____

Cardholder's Signature: _____ **Date:** _____

Cardholder's Billing Address: _____

Mailing Address (if different from Cardholder's) _____

Phone: (_____) _____ Fax: (_____) _____