



GIFT CARD ORDER FORM

PLEASE FAX THIS FORM AND CREDIT CARD COPIES TO (1) 604. 891.2553

Card Holder's Name _____

Billing Address _____

Card Type _____

Card # _____ Card Expiry Date _____

Card Holder's Phone _____ Value of Gift Card \$CDN _____

Copies of front and back of credit card are required. Please note that gift card is subject to receipt of billing amount approval on credit card. If you wish copy of receipt, please provide fax number, email address or indicate to billing address stated above:

Additional Information _____

Signature: _____ **Date:** _____

Pick up Date of gift card _____ Person picking up gift card _____ Time _____

To (name of recipient) _____

Gift Card from _____

Gift Cards must be sent registered mail or courier, (please circle) registered mail / courier

Cost of courier, registered mail (Hotel to obtain price) _____

Delivery Address if different from billing

Name _____

Address _____

Telephone# _____

FOR HOTEL USE

Purchase Date _____

CC Approved Code _____

Gift Card reference # _____

Prepared by _____

HOTEL CONTACT INFORMATION

Telephone 604-662-8111 ext 4077

Fax 604-891-2553 (Finance Dept)

Website www.panpacific.com

E-Mail giftcards@panpacific-hotel.com