



Gift Certificate Authorization Form

A gift to: _____ (Name of Recipient)

From: _____

Amount: \$ _____ (USD)

I, _____ authorize the Library Hotel to charge my credit card for the amount listed above plus \$5 shipping and handling (Rush delivery available for an additional \$20).

Billing Information

Credit Card Number: _____ Exp: _____

Name on Card: _____

Billing Address: _____

Contact Phone: _____

E-mail: _____

Cardholder Signature:

***Please note the Gift Certificate expires three (3) years from date of purchase.**

Gift Recipient

Please complete this section only if you would prefer the gift certificate be mailed directly to the recipient. Otherwise, delivery will be made to the billing address above.

Recipient's Name _____

Address _____

Please complete this form and return it to the Library Hotel as follows:

Joel Trevino
Library Hotel by Library Hotel Collection
299 Madison Avenue
New York, NY 10017
Joel@LibraryHotel.com
Ph (212) 204 – 5408
Fax (212) 204 – 5401