



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