

Gift Certificate Authorization Form



This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing. We ask that you either fax this completed form to The Peninsula Spa at [REDACTED] or e-mail it to [REDACTED].

Gift Card Purchases

Recipient (As it will appear on the Gift Certificate): _____

Please Choose ONE of the following options:

Services to be Received: _____

Options for Services ONLY: Include Tax (4.5% NYC Service Tax) Include Gratuity

Please Note: Prices on all Ceremonies, Retreat Packages and Private Spa Suite Services include an 18% gratuity.

OR

Flat Monetary Amount: _____

Additional Information

Special Instructions: _____

Total Value of Gift Card: _____

Delivery Method

Please note that we do not ship gift certificates via US Mail.

Pick - Up at Spa Reception No Charge

Fed Ex Next Day: \$35.00 Fed Ex Second Day: \$14.00 **FedEx** Own Fed Ex Account Number: _____

Messenger *Manhattan Only Not available on weekends*

\$15.00 Messenger 9AM - 5PM Weekdays ONLY \$30.00 Messenger After 5PM Weekdays ONLY

Ship to: Recipient Purchaser Third Party

Name: _____

Address: _____

City, State and Zip: _____

Cardholder Information

Name as it appears on the credit card: _____

Type of Card: Visa Mastercard American Express Discover

Account Type: Individual (Personal Credit Card) Corporate Company Name: _____

Account Number: _____ Exp. Date: _____

Address (Billing Address): _____

City, State and Zip: _____

Phone Number: _____ Fax or Alternate Number: _____

I certify that all information is complete and accurate. I hereby authorize The Peninsula Spa, New York to collect payment for all charges as indicated on this form by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Please note that we require a handwritten signature in order to process this order.

Cardholder Name (Please print): _____

Cardholder Signature: _____ Date: _____