

## **Credit Card Authorization for Gift Card Purchases**

Gift Card Amount: \$ or Pac	ckage Name:
I would like the Gift Card sent to the following address:	
Type of card: ☐ Visa ☐ MasterCard ☐ American Express	
Cardholder Name:	
Credit Card Number:	Expire Date:
Authorized Signature:	
I	, authorize the Stoney Nakoda
Resort & Casino to charge the above mention indicated on this "authorization form".	
Contact name:	Phone:
Would you like a copy of the receipt emailed to you?	
Email:	·

Please attach a photocopy of the front and back of the credit card, email back along with with this form to sales@stoneynakodaresort.com or fax to