

GIFT VOUCHER CREDIT CARD AUTHORISATION FORM

I give permission for RACV Royal Pines Resort to charge this credit card for a total of \$ _____ as payment for the requested gift voucher.

(Please include \$5.00 for Express postage)

Card No:

Card Expiry Date:

Cardholders Name:

Cardholders Signature:

Contact Number:

Address to mail receipt / gift voucher

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Additional Information for Gift Voucher:

To:

From:

Please return to:

Reservations Department
RACV Royal Pines Resort
Private Mail Bag 88
GCMC QLD 9726
P: (07) 5597 8700
F: (07) 5597 2277
E: reservations@royalpinesresort.com.au