



Gift Certificate Authorization Form

A gift to: _____ (Name of Recipient)

From: _____

Amount: \$ _____ (USD)

I, _____ authorize the Z NYC Hotel to charge my credit card for the amount listed above plus \$5 shipping and handling if send by postal service (Rush delivery available for an additional \$25).No extra charge for Fax or Email delivery.

Billing Information

Credit Card # _____

Exp _____

Name on Card _____

Billing Address _____

Contact Phone _____

Email _____

Cardholder Signature _____

Gift Certificate expires **one year** from date of purchase.

Gift Recipient

Please complete this section only if you would prefer the gift certificate to be mailed directly to the recipient.

If not, delivery will be made to the billing address above.

Recipient's Name _____

Address _____

Special Message _____

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

Z NYC Hotel, 11-01 43rd Avenue, Long Island City, NY, 11101

reservations@zhotelny.com

Phone 212-319 7000

Fax 718-937 0660