



## GIFT CARD REQUEST FORM

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Security Number: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient Address: \_\_\_\_\_  
\_\_\_\_\_

Gift Card Amount: \_\_\_\_\_

I authorize The Royal to charge the amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Cardholder

Please email this form to [info@theroyaldc.com](mailto:info@theroyaldc.com). You may also fax this form to 202.204.0681. If you have any questions, feel free to give us a ring at 202.332.7777. Thanks for thinking of The Royal!