



**Office Use Only**

Confirmation.: \_\_\_\_\_

Voucher Expiry Date: \_\_\_\_\_

Staff Name / Date: \_\_\_\_\_ / \_\_\_\_\_

CML HOTEL PTY LTD

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## Gift Voucher Details Form

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### Purchaser Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

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### Recipient Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Or Company Name: \_\_\_\_\_

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### Voucher Details

Dollar Value (for Accommodation and/or Dining) \$\_\_\_\_.00

Personal Message (if applicable):

\_\_\_\_\_

\_\_\_\_\_

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### Payment Details

Cash       Visa       MasterCard       American Express       Diners

Card Number:                                

Expiry Date:                    CVV:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*American Express & Diners credit card payments incur a 1.5% merchant service fee.*

*If not present a hotel, please attached a copy of ID & credit card front and back*

### Collection:

**Collect at Hotel Reception**       **Post** ( Postage fee \$12.00, signature required on delivery)

Postal Address (if Post is selected above):

Same as Purchaser Details

Other : Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_