



CREDIT CARD AUTHORIZATION FORM

Reservation Name:

Billing Address:

City/State/Zip:

Contact Phone:

Email:

I hereby authorize the following charges to be applied to the credit card:

Amount:

\$

Date:

Credit Card Number:

Name on Card:

Expiration:

Security Code:

Signature of Card Holder:

All information is kept confidential and used only for the purposes as noted above.