



Credit Card Authorization Form

Name of Guest: _____

Company: _____

Billing Address: _____

Phone: _____

Arrival Date ____/____/____ Departure Date ____/____/____

Authorized for (circle one): All Charges Room & Tax Only Room Only (Include Tax-Exempt Certificate)

Estimated Total: \$_____

Credit Card Type (Circle one): Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: ____/____/____

Name on Card: _____

Please Specify: Number of Rooms _____ Number of Nights _____

PLEASE NOTE

Please provide a legible copy of both sides of the credit card along with the cardholders signature, and a copy of the cardholders drivers license.

Please fax this completed authorization form along with the copies of the credit card and drivers license to 561-750-9525.

Cardholder Signature: _____

Date: _____