

INSERT LOGO AND ADDRESS

Credit Card Authorization Form

From: **INSERT INFO**

Fax: **(727) 563-9401**

Phone: **(727) 563-9100**

Fax: _____

Phone: _____

Please complete the following

Name as it appears on the card

Type of Card

Company Name

Address that credit card is billed to

Credit Card # & Expiration Date

Signature of Cardholder

Last 3 digits that appears of back of card

I agree to pay the following (please check one):

Room and Tax only _____

All Charges _____

Guest Information:

Name on Reservation: _____

of Room(s) _____

Arrival Date: _____

of Day(s) _____

Departure Date: _____

After completing this form please fax a legible copy of both sides of credit card and the credit card holders photo Id (driver license) to **PHONE #**

Please send a Rooming list for more than one Reservation.