

ALDERBROOK RESORT & SPA

Credit Card Authorization Form
10 E Alderbrook Drive, Union, WA 98592
Fax: 360-898-4610
Phone: 360-898-2200

To: _____
From: _____
Date: _____

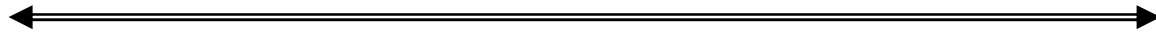
The information provided in this letter is to serve as an authorization to use the credit card noted as a payment for the following:

Guest Name(s) _____

Arrival Date/Departure Date _____ / _____

Address for billing information: Name _____

Address _____



Credit Card Information: Name of Cardholder _____

Credit Card # and expiration date _____ Exp. _____

Telephone Number _____

The following room charges will be billed to the credit card # provided. Check all that apply:

- All Charges
- Room and Tax only
- Room, Tax, and Meals
- Room, Tax, Meals and Telephone
- Other, Please specify what charges _____

Please provide a legible photocopy of the front and back of the credit card to be used for charges. This is to verify the above information is correct and to be used for accounting purposes only.

Please e-mail to frontdesk@alderbrookresort.com or fax to 360-898-4610

Guest will be responsible for any unauthorized charges.

Signature of Cardholder

Today's Date