ALDERBROOK
RESORT & SPA

CREDIT CARD AUTHORIZATION FORM

10 E Alderbrook Drive, Union, WA 98592
Fax: 360-861-6844
Phone: 360-898-2200

To: _____
From: _____
Date: _____

The information provided in this letter will 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 EMAIL TO: AUTHORIZATIONS@ALDERBROOKRESORT.COM OR FAX TO: 360-861-6844

Guest will be responsible for any unauthorized charges.

_____ _____
Signature of Cardholder Today's Date