

CREDIT CARD AUTHORIZATION FORM

To: _____

From: _____

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: ____ / ____

Name of Cardholder: _____

Billing Address: _____

City, State & Zip: _____

Telephone #: _____

Credit Card Information:

Visa Mastercard American Express Discover

Credit Card # _____

Expiration Date: _____

CVV#: _____

The following charges will be billed to the credit card # provided.

Please check all that apply:

- All Charges
- Room, Tax, Resort Fee
- Restaurant Charges (briefly describe) _____
- Spa Charges _____
- Other (describe) _____
- Maximum Amount to be charged \$ _____

Please provide a legible photocopy of the front and back of the credit card, as well as a picture ID of the Credit Card holder.

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

(For your security PLEASE do not send to any other e-mail address)

Guest will be responsible for any unauthorized charges.

Signature of Cardholder

Today's Date