

Credit Card Authorization Form

Fax: (970) 945-3334

Attention: Sales Department

E-mail: kmarcum@hotspringspool.com

Cardholder: Please complete the following section. Sign and date the bottom of the form.

Group Name: _____					Check-In/Event Date: _____					
Name of Person Making Reservation: _____										
Daytime Phone: _____					E-Mail: _____					
Cardholder Name Exactly as it Appears on the Credit Card: _____										
Cardholder Billing Address: _____										
City: _____				State: _____			Zip Code: _____			
Credit Card Type: (Circle One)			Visa		MasterCard		American Express		Discover	
Credit Card Number: _____					Exp Date: _____			CID#: _____		
I agree to guarantee and authorize payment for the following charges: (Please circle all that apply)										
Room & Tax		Meeting Rental		Catering		All Charges		Guarantee Only		
I agree to guarantee and authorize payment for the above charges.										

Note: Deposits will be charged to your card on the contracted due date.

Amount to be charged to credit card for deposit is listed in contract.

Final Balance will be billed to the credit card upon departure. _____ Initial

By Signing below, you authorize the hotel to charge your credit card for the charges indicated above. You further acknowledge that if "all charges" have been selected, then all guest/ group related charges will be charged to the above card number at the time of Check-Out or event conclusion.

Cardholder Signature: _____ Date: _____