



Credit Card Authorization Form

Please complete and return via fax to (407) 566-7688.

Please Include a Copy of the front AND back of the Credit Card

Credit Card Information

Name on the card:	_____		
Company Name (If printed on card):	_____		
Billing address:	_____ _____ _____		
Telephone Number:	_____	Fax Number:	_____
Card Type:	_____		
<small>(Accepted cards: American Express, Master Card, Visa, Discover, Diner's Club and JCB).</small>			
Card number:	_____	Expiration Date:	_____

Authorization

I authorize charges in the amount of \$ _____ to be applied to my above credit card as payment towards: _____ for

Rooms at _____ (Resort Name) on _____ (Date)

Signature

Date