



Credit Card Authorization Form

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 _____

Telephone Number _____

Credit Card Information: Name of Cardholder _____

Credit Card # and expiration date _____ Exp. _____

Card Type _____ CVV2 Number: _____

The following charges will be billed to the credit card number provided. Check the box(s) that applies:

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

Guest will be responsible for any unauthorized charges.

Signature of Cardholder

Today's Date

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