



4070 Westcliff Dr.  
Hood River, OR 97031  
P: 541-386-2992  
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## **CREDIT CARD AUTHORIZATION FORM**

**A clear copy of the FRONT of the Credit Card and FRONT of the matching card holders ID must be submitted with this form. All information is kept confidential and used only for the purposes as noted below.**

Reservation Name / Event Name: \_\_\_\_\_

Reservation Confirmation Number: \_\_\_\_\_ Arrival or Event Date(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The credit card listed below may be billed for the estimated charges ten (10) days prior to event/reservation date.**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Phone #: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the following charges to be applied to the following credit card. Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Room & Tax       | <input type="checkbox"/> Only Specific Incidentals |
| <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> All Stay Charges          |
| <input type="checkbox"/> Food & Beverage  | <input type="checkbox"/> All Banquet Charges       |
| <input type="checkbox"/> Guest Amenity    | <input type="checkbox"/> Other - see comments      |
| <input type="checkbox"/> All Incidentals  | <input type="checkbox"/> Resort Services Fee       |

**I hereby authorize the following amount be applied to the credit card (applicable tax and service charges may apply):**

**Signature of Card Holder:** \_\_\_\_\_

Fax documents to: **541-386-3317** or

Email to: [reservations@westcliffodge.com](mailto:reservations@westcliffodge.com)