



4070 Westcliff Dr.
Hood River, OR 97031
P: 541-386-2992
F: 541-386-3317

CREDIT CARD AUTHORIZATION 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.

Last 4 digits on 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"/> Event Site |
| <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> All Charges |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> BBQ and Picnic Area |
| <input type="checkbox"/> Guest Amenity | <input type="checkbox"/> Lucy Overlook Rental |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Other – see comments above |

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